



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5450.1A

Code 0100

16 Apr 99

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5450.1A

From: Commanding Officer

Subj: ORGANIZATIONAL MANUAL

Ref: (a) OPNAVINST 3120.32C
(b) BUMEDINST 5430.7

Encl: (1) Standard Organization and Regulations for Naval
Hospital Twentynine Palms and Branch Medical
Clinic China Lake
(2) List of Diagnosis Related Groups (DRGS) Excluded
From Provision Of Care

1. Purpose

a. To outline an effective organization per references
(a) and (b), tailored to the functions of Naval Hospital,
Twentynine Palms.

b. To provide the Naval Hospital chain of command.

2. Cancellation. NAVHOSP29PALMSINST 5430.1C.

3. Action. Directors, Department Heads, Officer in Charge,
and Special Assistants shall:

a. Use the chain of command pursuant to the guidance in
enclosure (1), to the maximum extent possible.

b. Ensure that personnel assigned under their
cognizance are aware of the contents of enclosure (1).

4. Applicability. This instruction is applicable for all
personnel aboard Naval Hospital Twentynine Palms, California and
it's Branch Medical Clinic.

D. H. FREER
Acting

Distribution:
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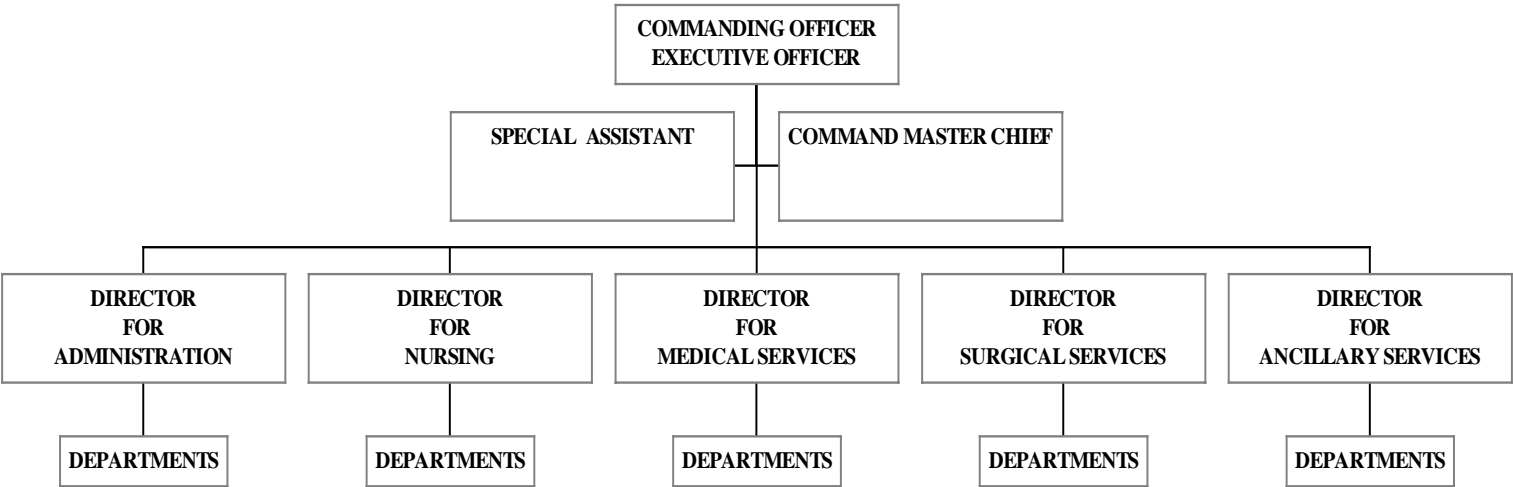
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List of Diagnosis Related Groups (DRGs) Excluded from
Provision of Care.....Enclosure (2)

Enclosure (1)

NAVAL HOSPITAL
TWENTYNINE PALMS
ORGANIZATION



GENERAL INFORMATION

1. Status. The Naval Hospital is in a fully operational status under the command of a commanding officer.
2. Command. The Naval Hospital is an echelon five command. The Commanding Officer reports to the Commanding General (CG), Marine Corps Air Ground Combat Center, (MCAGCC), Twentynine Palms, California for command and control issues. The CG, MCAGCC reports to the Commander, Marine Forces Pacific (COMARFORPAC); the COMARFORPAC reports to Commander in Chief, Pacific Command (CINCPAC) operationally and Headquarters Marine Corps administratively. The Commanding Officer also reports to the Surgeon General/Chief, Bureau of Medicine and Surgery (BUMED) on professional medical issues. See Exhibit A for the Organizational structure.
3. Support. Technical and financial support is provided by Bureau of Medicine and Surgery (BUMED).
4. Area Coordination. The Naval Hospital is subject to the area coordination authority of the Commander-in-Chief, Pacific Fleet, Pearl Harbor, Hawaii, and the regional area Coordination of the Commander, Naval Base, San Diego, California.
5. Functions. Naval Hospital Twentynine Palms shall:
 - a. Provide comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code.
 - b. Develop and maintain designated personnel and material assets in an operationally ready status in support of the Medical Personnel Augmentation System (MPAS).
 - c. Develop, operate, and manage administrative and logistical plans and programs in compliance with current directives.

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d. Maintain liaison with shore command and units of operating forces receiving medical, surgical and related care from the command.

e. Maintain standards of health care as required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

f. Operate an Equal Opportunity Program under existing laws and regulations.

g. Provide a safe and efficient environment for all staff, patients and visitors.

6. Governing Body (Board of Directors). Naval Hospital Twentynine Palms has a Board of Directors comprised of the Commanding Officer, Executive Officer, Hospital Directors, Comptroller, and Command Master Chief. This advisory council consists of the hospital's senior leadership which meets daily to inform the Commanding Officer on major policy, resource, process improvement, and managed care issues. By Naval Regulations, the Commanding Officer has ultimate responsibility for the success or failure of the organization; therefore the Commanding Officer has complete authority to override any recommendation of the Board of Directors. The Naval Hospital Board of Directors meets the requirement imposed in BUMEDINST 5430.7 to have a "Governing Body." The Naval Hospital Board of Directors also meets the requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that senior leadership identify how it is governed and that senior leadership establish policy, promote performance improvement, and provide for organizational management and planning. Additional governance is provided Naval Hospitals by the Bureau of Medicine and Surgery, Washington, DC.

7. Committees. The command supports several multi-disciplinary committees to address those processes which require cross-functional communication to achieve improvement. Specific committees may be found in current NAVHOSP29PALMSNOTE 1601. This note is maintained and kept up to date daily by the Secretary to the Director for Administration. NAVHOSP29PALMSINST 5320.5 (current revision) outlines Medical

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Staff Committees. Care is exercised to form only those committees which will help the command meet its mission, and those mandated by JCAHO, BUMED, and Graduate Medical Education requirements. It is the Commanding Officer's intent to keep the organization simple, per BUMEDINST 5430.7.

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COMMANDING OFFICER

1. Mission. The Commanding Officer is charged with accomplishing the economic, effective, and efficient performance of the functions and operations of the Naval Hospital as required by U. S. Naval Regulations, the Manual of the Medical Department, and other directives issued by competent authority. The Commanding Officer is responsible for the professional care and services provided to the patients in the hospital and for the safety and well-being of the entire command. Subject to the orders of higher authority, the Commanding Officer is vested with complete military jurisdiction within the hospital reservation and over those medical facilities that may come under the Commanding Officer's purview.

2. Action. Commanding Officer shall:

a. Direct the sound and legal expenditure of funds allotted to the command for its operation.

b. Issue instructions defining the responsibilities of the use, expenditure, and conserving of supplies and equipment, the correctness of inventories, and the transfer of property upon their detachment.

c. Maintain good order and discipline within the command, ensuring the practice of equal opportunity is adhered to.

d. Provide necessary assistance and facilities for inspections, investigations and courts-martial held at the command on orders issued by competent authority.

e. Exercise Special Courts-Martial jurisdiction (as empowered by the Secretary of the Navy) over, and by the Uniform Code of Military Justice to impose nonjudicial punishment upon members of the naval service, staff and patients of the command.

f. Reenlist or extend the enlistment of enlisted personnel attached to the command. Reenlist or extend enlisted personnel in patient status as per current Navy and Marine Corps directives.

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g. Promote and preserve good relations with local professional, civic, welfare and business organizations.

h. Monitor pastoral care services offered to patients and staff.

i. Foster the morale of family members assigned to the command via the OMBUDSMAN Program.

j. Chairs and participates as a member of the Board of Directors. The Board of Directors will ensure that high quality healthcare is available, accessible, acceptable, continuous and cost effective. It will act in a collaborative manner to strategically plan the hospital's future; ensure that current resources are optimally used; create a safe and secure environment for patients, staff and visitor's; and charter Process Action Teams to continually improve significant command processes, through the use of Total Quality Leadership principles.

k. Establish agendas for the Health Care Consumers Council, which is chaired by the Responsible Line Commander, to ensure that beneficiaries are provided the opportunity to express process improvement issues.

l. Ensure that enlisted personnel are provided assistance via the Navy Command Master Chief Program.

m. Ensure safety measures are in place for all patients, staff and visitors.

n. Ensure that the Executive Committee of the Medical Staff meets eleven times each year and approve the minutes of these meetings.

o. Ensure that the Safety Committee meets regularly and approve the minutes of this meeting.

3. Special Assistants to the Commanding Officer. The following are Special Assistants responsible to the Commanding Officer:

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<u>Title</u>	<u>Authority</u>
Command Master Chief	OPNAVINST 1306.2C
Safety Program Manager	OPNAVINST 5100.23E
Command Managed Equal Opportunity Coordinator	OPNAVINST 5354.3D
Chaplain	BUMEDINST 5430.7
Ombudsman	OPNAVINST 1750.1D
Command Evaluator	OPNAVINST 5000.52A
Command Legal Officer	OPNAVINST 3120.32C

Others per current NAVHOS29PALMSNOTE 1601

4. Actions of the Commanding Officer's Special Assistants

a. Command Master Chief shall:

(1) Serve as the advisor and special assistant in matters pertinent to the welfare and morale of all enlisted personnel and their dependents attached to the command.

(2) Seek out and take action to resolve command issues within the enlisted community.

(3) Meet periodically with all command enlisted personnel to maintain open lines of communication between the command and staff to exchange ideas and disseminate information affecting the enlisted community.

(4) Chair an active Senior Enlisted Advisory Committee ensuring that all enlisted members are afforded an opportunity to present issues to senior enlisted for proper resolution.

(5) Serve as a key member of the Command Retention team and provide support, technical guidance, and have direct authority over the Command Career Counselor.

b. Command Managed Equal Opportunity Coordinator shall:

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(1) Be the special advisor responsible for the effective communication and administration of the Navy's Equal Opportunity Program within the command.

(2) Develop and carry out the purpose and the content of the Defense Department CREDO and the Navy's Human Goals and Plan program.

(3) Keep the Commanding Officer informed of the development at all levels of Human Goals Action Plans for addressing underlying personal and organizational needs and issues in race relations and intracultural relations.

c. Safety Program Manager shall:

(1) Advise the Commanding Officer on safety matters.

(2) Manage the Safety Program following the guidance of current BUMED instructions, JCAHO standards and other authority.

(3) Serve as the subject matter and technical expert for the Command Safety Committee, ensuring that safety issues are brought to the immediate attention of the command for proper remedy.

(4) Be responsible to the Executive Officer for the day-to-day management of the Safety Program.

d. Chaplain shall:

(1) Be the principal advisor for spiritual and moral matters.

(2) Assist both patients and staff on religious service issues.

(3) Keep the Executive Officer informed of day-to-day concerns.

e. Ombudsman shall:

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(1) Advise the Commanding Officer on issues associated with facilitating better communication between the command and family members, thereby fostering a better understanding of the needs and view-points of Navy members and their families.

(2) Provide information and assistance to family members within the command.

(3) Maintain a day-to-day liaison with the Command Master Chief regarding officer matters.

f. Command Evaluator shall:

(1) Conduct periodic evaluations of command operations to ensure compliance with IG, JCAHO, and higher headquarters directives.

(2) Conduct special reviews as directed by the Commanding Officer.

(3) Issue and follow-up on Implementation Status Reports (ISRs) to ensure their completion.

(4) Coordinate external inspections.

(a) Notify MCAGCC Inspector General of upcoming inspections and inspection results.

(b) Brief the Commanding Officer and Executive Officer on upcoming inspections.

(c) Ensure that required inspections occur.

(d) Coordinate the hosting of the inspection teams.

(e) Keep the chain of command informed on the preparations of upcoming inspections.

(5) Ensure compliance with the Management Control Review Program.

(6) Review and take action on Command Audit Board findings.

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(7) Follow command evaluation procedure in conducting reviews and evaluations as stated in current revision of NAVHOSP29PALMSINST 5223.1.

g. Command Legal Officer shall be an advisor and staff assistant to the Commanding Officer and Executive Officer concerning the interpretation and application of the Uniform Code of Military Justice, the Manual for Courts-Martial, and other military laws and regulations in the maintenance of discipline and the administration of justice within the command.

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EXECUTIVE OFFICER

1. Mission. The Executive Officer shall be responsible under the Commanding Officer for the organization, performance of duty, medical readiness, provisions of health care services, and good order and discipline of the entire command.

2. Action. Executive Officer shall:

a. Assume command in the absence of the Commanding Officer as required by Navy regulations and current directives.

b. Conform to and enforce the policies and orders of the Commanding Officer.

c. Keep the Commanding Officer informed of all significant matters pertaining to the command.

d. Ensure the proper organization, performance, effectiveness and discipline in the hospital.

e. Advise and assist the Commanding Officer in executive Navy medical department policies and the provisions of effective and efficient delivery of health care.

f. Direct, develop and execute management action to ensure compliance with standards of the Joint Commission on Accreditation of Hospital Organizations.

g. Maintain the public information program for the command, which shall include all areas of public relations applicable to and in the interest of the command.

h. Coordinate Performance Improvement functions throughout the command.

i. Direct the Command Patient Contact Program providing oversight to the Command Patient Contact Coordinator to resolve patient complaints.

j. Direct and coordinate the Command's Fiscal Management program and the day-to-day comptroller functions.

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- k. Establish required security measures and ensure compliance with higher authority directives.
 - l. Ensure compliance with higher authority directives in regards to monitoring the Command's Drug and Alcohol Program.
 - m. Foster the morale and welfare of hospital personnel.
 - n. Serve as the Chairperson for the Command Awards Board.
 - o. Ensure the command has a comprehensive Command Disaster Preparedness Plan in order to provide for a rapid and effective response to a disaster and a Command Disaster Preparedness Committee to provide guidance and make recommendations.
 - p. Ensure that the command is in compliance with higher directives and is maintaining an active Command Audit Board.
 - q. Serve as the downlink for the Command Safety Policy Council. (The Safety Officer chairs the Command Safety Committee.)
 - r. Participates as a voting member of the Board of Directors.
3. Special Assistants to the Executive Officer. The following are Special Assistants responsible to the Executive Officer.

<u>Title</u>	<u>Authority</u>
Performance Improvement Coordinator	BUMED msg 241448Z Aug82
Command Patient Contact Coordinator	JCAHO Manual
Drug and Alcohol Advisor	OPNAVINST 5350.4B
Public Affairs Program Officer	OPNAVINST 3120.32C
Security Manager	OPNAVINST 5510.1H
Comptroller/Resources Management Department	BUMEDINST 5430.7

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<u>Title</u>	<u>Authority</u>
Health Promotion and Wellness Coordinator	BUMEDINST 5430.7

Others per current NAVHOSP29PALMSNOTE 1601

4. Actions of the Executive Officer's Special Assistants:

a. Performance Improvement Coordinator shall:

(1) Coordinate and provide oversight for the Performance Improvement, Risk Management, and Professional Affairs activities of the command through Head, Managed Care Support Department for the day-to-day operations.

(2) Provide guidance and serve as liaison to the Medical Records Review Committee, Infection Control Committee and Executive Committee of the Medical Staff.

(3) Serve as liaison to Staff Judge Advocate on base and advisor for medico-legal affairs.

(4) Coordinate and provide guidance for all JACHO and Inspector General activities.

(5) Annually evaluate and revise the Command Performance Improvement Program.

(6) Assist with the development of a comprehensive strategic Total Quality Leadership (TQL) Plan.

(7) Serve as a facilitator for the Board of Directors.

(8) Coordinate the activities of the various command Process Action Teams.

(9) Coordinate TQL training requirements with the Education and Training Department.

(10) Coordinate TQL activities with other institutions, hospitals and agencies.

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(11) Establish and maintain a command TQL reference library of articles, books and video resources.

(12) Coordinate command participation in other TQL projects.

b. Command Patient Contact Coordinator shall research patient's comments or concerns and:

(1) Report comments to the Executive Officer.

(2) Provide written feedback to the patient.

(3) Provide recommendations to the command based on patient comments.

(4) Provide the Board of Directors a monthly report on patient comments.

(5) Since the Patient Contact Coordinator also serves as the Head, Patient Administration, day-to-day supervision of this position will occur through the Director for Administration (DFA). The DFA shall provide consultation concerning the strategy to respond to patient inquiries, and Navy correspondence letter format.

c. Command Drug and Alcohol Program Advisor shall be responsible for carrying out the Command's Drug and Alcohol Abuse Program.

d. Public Affairs Officer shall:

(1) Direct this command's Public Affairs Program.

(2) Act as the command's official contact for public affairs.

(3) Supervise the preparing, editing, and reviewing of information for release through appropriate channels to news media, and internal information media placed on command-wide bulletin boards.

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(4) Establish, preserve and promote good relations with local professional, civic, welfare and business organizations and associations.

(5) In the absence of the Public Affairs Officer, the DFA will carry out these responsibilities.

e. Security Manager shall:

(1) Be the principal advisor on information and personal security.

(2) Ensure emergency removal for classified material in the event of a disaster.

(3) Be responsible for physical security and loss prevention programs, enforce internal and perimeter security measures as well as traffic and parking regulations.

(4) Ensure all personnel who are to handle classified information or assigned to sensitive duties are appropriately cleared and briefed.

(5) Report security issues to the command via the Physical Security Review Committee (PSRC).

(6) Since the Security Manager also serves as the Head, Operating Management, day-to-day supervision of this position shall be carried out by the DFA.

f. Comptroller shall:

(1) Be responsible to the Commanding Officer via the Executive Officer for all fiscal and budgetary matters.

(2) Coordinate actions with higher authority to obtain fiscal resources and make optimal use of the fiscal resources when they are obtained. The Comptroller is responsible for interpreting financial and statistical trends, projecting financial needs, and planning and recommending courses of action to the Board of Directors so that the desired results are achieved.

(3) Keep the Commanding Officer and Executive Officer advised concerning the provisions and efficient use of fiscal resources for the command.

(4) Confer with the Directors and Department Heads on matters of mutual concern.

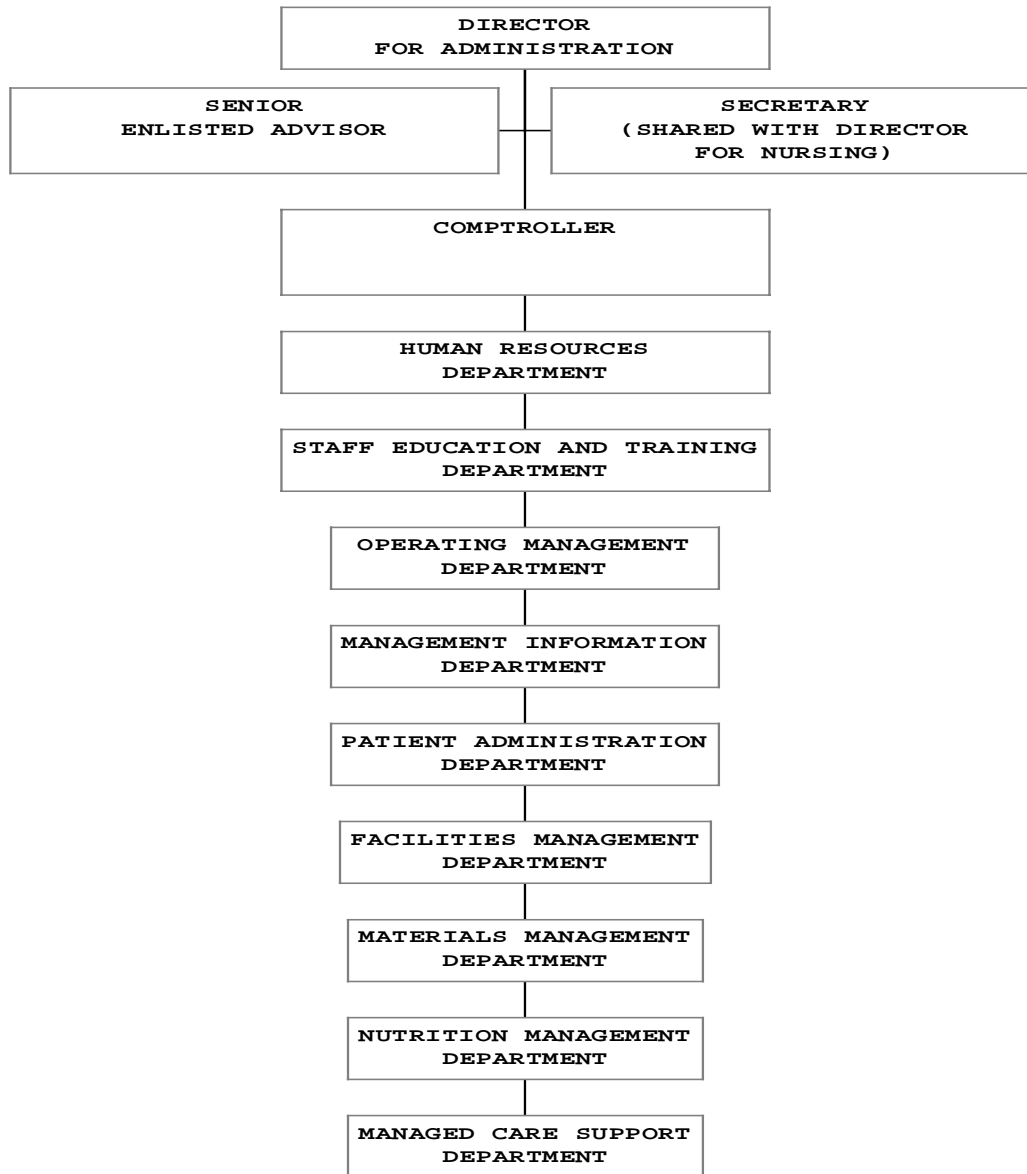
(5) Participate as a member of the Board of Directors.

(6) Participate in the command's Performance Improvement Plan by systematically evaluating and monitoring processes within the Department to continually improve organizational performance.

(7) Participate in administrative decisions for formulating hospital policy, devising procedures essential to the achievement of objectives, and developing and evaluating programs and services.

g. Health Promotion/Wellness Coordinator shall coordinate health programs for the command and activities served.

DIRECTOR FOR ADMINISTRATION



DIRECTOR FOR ADMINISTRATION/CHIEF INFORMATION OFFICER

1. Responsibilities. The Director for Administration (DFA) is a professional health care administrator responsible to the Executive Officer for the efficient management of the command. The DFA Directorate is comprised of departments which largely exists to provide support services to the Medical, Surgical, Nursing, and Ancillary Services Directorates of the command. The DFA acts independently on matters that do not require the personal direction of the Executive Officer, but keeps the Executive Officer apprised of all actions taken. As a member of the command's Board of Directors, the DFA has access to the Commanding Officer via the Executive Officer. The DFA will confer with other Directors on all matters that could impact upon services offered or the daily operations of the Directorates.

2. Action

a. The Director for Administration will:

(1) Participate as a voting member of the command's Board of Directors and the Officer of the Quarter and Year Boards.

(2) Advise the Commanding Officer and Executive Officer on all military matters pertaining to the management of military and civilian personnel resources, patient administration, and command readiness planning.

(3) Coordinate all matters pertaining to inpatient and outpatient administration.

(4) Coordinate the utilization and operation of automated management information resources within the command.

(5) Coordinate and oversee education and training resources within the command to ensure compliance with the requirements established by internal and external review agencies.

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(6) Coordinate, implement and execute policies and procedures for departments assigned to the Administrative Directorate.

(7) Ensure the efficient and effective operation of subordinate departments within the Administrative Directorate.

(8) Provide functional assistance and support to directorates and clinical and nursing departments in support of direct patient care.

(9) Develop an annual budget for the Administrative Directorate.

(10) Participate in the decision making process for formulation of hospital policies and for devising procedures essential for achieving the command's strategic goals.

(11) Participate in the development and evaluation of programs and services offered at the command.

(12) Ensure the efficient and effective management of the command's correspondence management program.

(13) Coordinate all aspects of the command's physical security program, linen management program, house-keeping and information control programs.

(14) Advise the Commanding Officer and Executive Officer on all matters relating to the functions and safety of the physical plant of the hospital. Coordinate all aspects of the facilities management programs within the command.

(15) Serve as the command's chief negotiator for labor law disputes and union grievances.

(16) Coordinate and oversee all command civilian personnel actions and ensure the timely and efficient processing of civilian personnel action requests.

(17) Oversee the management and functions of the Materials Management Department through coordination with the assigned Department Head.

(18) Oversee the management and functions of the Patient Administration Department through coordination with the assigned Department Head.

(19) Oversee the management of all life safety concerns for the command in conjunction with the Executive Officer.

(20) Oversee the management and functions of the Managed Care Support Department, including Performance Improvement, Utilization Management, Analysis and Evaluation efforts, business and strategic planning coordination, and TRICARE enrollment and marketing. Oversight of the Performance Improvement Section will be in conjunction with the Executive Officer.

(21) Perform other administrative functions as directed by higher authority.

(22) Have line authority for the following Administrative Departments: Human Resources Department, Resource Management Department, Managed Care Support Department, Staff Education and Training Department, Operating Management Department, Facilities Management Department, Management Information Department, Materials Management Department, and Nutrition Management Department.

b. Administrative Department Heads will:

(1) Collaborate with other Administrative, Clinical, Nursing and Ancillary Department Heads to promote and support efficient and effective patient care.

(2) Conduct and coordinate the administrative functions of the command in an efficient and cost-effective manner.

(3) Initiate management improvements to promote efficiency, effectiveness, and economies of scale in departmental systems and processes.

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(4) Account for the proper security and economical use of all supplies and equipment in their respective departments.

(5) Prepare, maintain and review, at least annually, Standard Operating Procedures and/or Desktop Procedures.

(6) Prepare, maintain and review staff position descriptions and competency folder on all staff members on a biannual basis.

(7) Ensure all departmental staff are aware of, and comply with local and higher level authority instructions and directives.

(8) Perform collateral duties as may be assigned.

c. The Senior Enlisted Advisor, Administrative Directorate will:

(1) Report to the Director for Administration for line authority.

(2) Maintain a staff relationship with the Command Master Chief in regards to the management of enlisted affairs.

(3) Have line authority over all directorate, LPOs, LCPOs and enlisted staff for military matters.

(4) Have a staff relationship with all directorate department heads.

(5) Manage directorate enlisted matters as appropriate, i.e., recommend or authorize approval of chits, perform interviews and formal/informal counseling, coordinate submission of evaluations, and monitor Extra Military Instruction (EMI) activities.

3. Responsibilities and Duties of Administrative Departments:

a. Staff Education and Training Department will

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(1) Assess, plan, coordinate, implement and document Bureau of Medicine and Surgery (BUMED), Navy and command sponsored educational programs. The level of the Staff Education and Training Department involvement is dependent on the specific education or training program involved. In some cases, the role of the Staff Education and Training Department will be to conduct the required training. In other cases, their role may be limited to providing consultation or guidance to others conducting the training. For example, the department's role will be limited to providing guidance for educational activities involving the professional development of staff and for department, division, or specifically mandated training. The department will assist in assessing staff educational and training needs, scheduling sufficient training to meet the demands of the command, locate and reserve training space, provide instructional supplies and audio-visual support and provide consultation in curriculum development. Educational activities currently administered and coordinated by the department include:

(a) Programs accredited by the Military Training Network, American Academy of Pediatrics, Naval School of Health Sciences, and the Department of Transportation, including resuscitative training (BLS, PALS, ACLS, NRP), Emergency Medical Technician (EMT) and Emergency Vehicle Operators Course (EVOC), and Driver Improvement Training.

- (b) Command orientation
- (c) Navy Rights and Responsibilities
- (d) Enlisted Advancement Inservice Training
- (e) Armed Services Vocational Aptitude Battery
- (f) Hospitalman Skills Basic Didactic
- (g) General Military Training
- (h) Annual Required Training

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- (i) Prevention of Sexual Harassment
- (j) Pre-ACLS/EKG
- (k) Landing Force Medical Staff Planning
- (l) Leadership Continuum Course
- (m) Other training as mandated by the Commanding Officer

(2) Provide professional library services for staff (and patients on a resource available basis).

(3) Maintain staff educational records using the Standard Personnel Management System (SPMS).

(4) Assist with Tuition Assistance applications.

(5) Liaison with the Human Resource Office (HRO) regarding civil service specific training programs.

b. Facilities Management Department will:

(1) Manage, control, and coordinate master plan public works and utilities within the command, including those services provided by the Marine Corps Air Ground Combat Center (MCAGCC) Installations and Logistics Directorate.

(2) Provide transportation services required by the command, including preventive maintenance for vehicles and equipment and dispatch control.

(3) Arrange or provide for engineering and design services; prepare and maintain facility development plans and reports; develop, coordinate and control the maintenance repair program for public works and utilities, including a command Utilities Management Plan and life safety policies.

(4) Oversee a command Energy Savings Program.

(5) Coordinate standard (non-cell) telephone system procurement and repair in coordination with the MCAGCC Communications Directorate.

Enclosure (1)

c. Nutrition Management Department will administer and coordinate a staff and patient food service program, ensuring efficient administration of the food service activities for the command. This includes the nutritional aspects of food service preparation, management control over operations, maintenance of equipment, supplies, and food provisions. The department will be organized as follows:

(1) Administrative Dietetics Division will operate the kitchen, vegetable preparation area, dining room, serving line, and scullery. The division prepares and serves meals for the dining room patrons. Participates in menu planning. Responsible for security, safety, sanitation, training, food conservation, and equipment maintenance program.

(2) Inpatient Feeding Division will prepare and serve meals and special diets to inpatients. The division conducts nutrition risk assessments for all new inpatients. Supervises technical aspects of preparation and service of modified diets including supplementary nourishment. The division consults with the clinical Dietician and staff regarding patient diet regimens and in the absence of the clinical Dietician, interviews and instructs inpatients requiring diet therapy. The division provides dietary support to the Naval Dental Clinic.

d. Management Information Department (MID) will:

(1) Serves as the command's Chief Information Officer. Ensures the development of an annual Information Management/Information Technology (IM/IT) Plan.

(2) Administer, as a technical advisor, standard Department of Defense (DoD) and Navy automated systems such as the Composite Health Care System (CHCS), Ambulatory Data System (ADS), MEPRS, Executive Information System (EIS), Corporate Executive Information System (CEIS), MED-OA, TPOCS, and many others.

(3) Coordinate with other departments to design and implement automated systems that collect data, which meet departmental needs.

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(4) Conduct annual automated information needs assessments for the staff.

(5) Provide or arrange for information systems training for all staff, relevant to each functional user.

(6) Prepare and present information systems related resource decision-making data to the IM/IT Board for its use in developing recommendations to the Board of Directors.

e. Human Resources Department will manage all personnel support services within the command and correspondence and files administration under the guidance of the Director for Administration. The department will be organized as follows:

(1) Manpower Management Division will:

(a) Manage military personnel and staffing functions for the command.

(b) Coordinate military pay and personnel actions with the Personnel Support Detachment (PSD).

(c) Provide clerical support for promotion, augmentation, fitness reports and performance evaluations, command endorsements, special pay programs, and general correspondence.

(d) Assign enlisted personnel commensurate with the priorities and resource allocation thresholds established by the Director for Administration and the Board of Directors.

(e) Provide management of all billets and manpower programs and provide monthly reports to the Director for Administration and the Comptroller as appropriate.

(f) Administer the Command Sponsor Program for incoming personnel.

(g) Maintain the command's official resource utilization reports by collection, analyzing, and inputting

workload, expense and man-hour data via WPRS, MEPRS and other related Department of Defense computer systems.

(h) Collect, arrange, analyze, and interpret statistical data to reflect operational trends and resource utilization.

(i) Conduct and maintain an Efficiency Review that documents the required number of military and civilian billets for the command.

(j) Conduct and maintain the Commercial Activities (CA) Annual Inventory. Perform CA studies when functions have been identified for the A-76 program. New functions are evaluated for outsourcing potential prior to staffing with government issues.

(k) Provide system administration support for the Standard Personnel Management System (SPMS) and oversight of the SPMS database. Identify issues with the SPMS and report them to the IM/IT Board through the Data Quality Board.

(l) Maintain the command's Activity Manning Document (AMD). Request changes and corrections to the AMD as circumstances dictate. However, at minimum, the AMD will be thoroughly reviewed at least once per quarter.

(2) Civilian Personnel Division will:

(a) Coordinate civilian pay and personnel actions with the local Human Resource Office.

(b) Provide input to the Comptroller regarding Efficiency Review and Managing to Payroll Programs.

(c) Oversee civilian personnel administration to ensure that supervisors carry out their responsibilities within the framework of Department of the Navy and Office of Personnel Management regulations.

(d) Coordinate with the local Human Resources Department to develop individual Employee Development Plans

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as required by regulations, and other appropriate training requirements for civilian staff.

(e) Assist the Head, Human Resources Department and the Director for Administration in the negotiation of labor relation issues with the Union.

(f) Classify all Civil Service position descriptions for the command.

(3) Plans, Operations, and Medical Intelligence (POMI) Division will:

(a) Assign military staff personnel to operational platforms as directed by the Military Personnel Augmentation System (MPAS).

(b) Monitor, maintain and report on medical mobilization readiness for the command via the Head, Human Resource Department and the Director for Administration. Report once per quarter to the Board of Directors concerning the C-1, T-1, and P-1 status of the command.

(c) Schedule Active Duty for Training (ACDUTRA) assignments for reserve personnel.

(d) Coordinate weekend training of reserve units.

(e) Cooperate with reserve units in conducting "in-house" training of personnel following the Reserve Training Officer criteria.

(f) Coordinate reserve personnel billeting and processing.

(4) Central Files Division will:

(a) Coordinate the semi-annual review and publication of all command directives and serve as the Directives Control Point to report on the status of all directives under review.

(b) Maintain and educate users regarding the Central Files Automated Information System for directives, instructions, forms and other information that may be included onto the system.

(c) Maintain a master "hard copy" of command and higher headquarters' instructions in addition to those provided by automated systems.

(d) Maintain a cost-effective and efficient Forms Control Program for the command.

(e) Electronically publish the Plan of the Day on both the Composite Health Care System (CHCS) and "Outlook" email systems.

(f) Maintain Standard Subject Identification Code files of all incoming and outgoing correspondence, including all "By direction" correspondence.

(g) Retrieve, distribute and catalog all Naval and Marine Corps messages via the Banyan Vine E-mail system.

(h) Manage the command's internal postal operations, including the receipt and distribution of personal and government mail.

(i) Manage the command's Classified Material Program.

(j) Manage the command's reproduction requirements.

(k) Manage the command's Recurring Reports Program and Correspondence Control Program.

f. Materials Management Department will:

(1) Plan, administer, direct and control the supply program for the command.

(2) Provide for the procurement, receipt, storage, issue, inventory control and security of all materials under its custody.

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(3) Serve as a consultant to those departments that procure and store their own material.

(4) Administer supply procedures and prepare reports as directed by higher authority.

(5) Provide for inventory of all equipment, maintenance of garrison property and custody cards, and determine which equipment is to be surveyed or placed in excess status.

(6) Provide maintenance and repair for all medical equipment assigned to this command.

(7) Provide for the proper disposition of defective medical equipment under the Safe Medical Devices Act.

(8) Present equipment requests requiring the use of command resources and medical repair services to the Board of Directors to ensure collaborative decision-making

(9) Coordinate all medical services contracts for the command, including assisting in the development of performance work statements, technical review and contract compliance.

(10) Ensure that linen is safeguarded, sufficient inventory levels are maintained and that distribution meets the needs of the user.

(11) Manage the Hazardous Materials Program.

(12) Manage the Prime Vendor Programs for the command.

g. Operating Management Department will manage all operations functions within the command and serve as the command's Security Manager. The department will be organized as follows:

(1) Security Division will:

(a) Manage the Chief Master-at-Arms and the command Security Program functions. Monitor lost, stolen

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or missing equipment reports and take action to reduce equipment loss.

(b) Coordinate with Marine Corps Air Ground Combat Center (MCAGCC) Provost Marshall's Office (PMO) regarding traffic control.

(c) Establish and maintain the command key control program.

(d) Staff the Quarterdeck during normal work hours and coordinate the development of procedures on all matters of hospital operations for use by the Command Duty Officer (CDO), Officer of the Day (OOD), and Mate of the Day (MOD) watchstanders who man the quarterdeck after normal working hours.

(e) Coordinate with the Command Safety Officer in managing the Command Fire Security, Infant Security and Prevention of Violence in the Workplace Programs.

(f) Serve as the division responsible for signage and nametag engraving.

(g) Maintain and issue command Identification Badges for staff personnel.

(2) Bachelor Enlisted Housing Division will:

(a) Provide for the general management, security, upkeep and maintenance of the Bachelor Enlisted Quarters. The Barracks Manager will also serve as the Head, Bachelor Enlisted Housing Division.

(b) Maintain a close liaison with the Command Master Chief on all enlisted issues that may develop due to Barracks life.

(c) The Head, Bachelor Enlisted Housing Division, will ensure the proper security of all staff living in quarters and report immediately any actions that may compromise the occupants safety, well-being or health.

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(d) Ensure the Bachelor Enlisted Housing equipment and recreational gear is maintained and replaced within 24 hours if deemed unserviceable.

(3) Environmental Maintenance Division will:

(a) Provide for all housekeeping services within the command.

(b) Provide for grounds maintenance of the command.

(c) Oversee the management of the command's Linen Inventory Program. Ensure that linen is safeguarded, sufficient inventory levels are maintained, and that distribution meets the needs of all users. Ensure that thorough inventories are conducted as required.

h. Managed Care Support Department will:

(1) Be responsible to the Director for Administration for the coordination and efficient operation of the managed care functions of the command.

(2) Administer and coordinate the health care planning initiatives for the command. Coordinates with the Comptroller and DFA to analyze and present data-driven recommendations to the Board of Directors regarding use of command resources.

(3) Keep the DFA informed concerning the efficient and effective utilization of command personnel and material resources and the implications for changes in policy and/or services.

(4) Confer with the Directors and Department Heads on matters of mutual concern.

(5) Coordinate, implement and execute policies and procedures related to managed care and health care planning.

(6) Participate in the administrative decisions for formulating hospital policy, devising procedures essential

to the achievement of objectives and developing and evaluating programs and services.

(7) Perform other functions as directed by higher authority.

(8) Provide consultative managed care services and data analysis services to departments and directors within the command.

(9) Provide market analysis and evaluation for the command. Develop and maintain a marketing plan that is updated on an annual basis.

(10) Have line authority and organizational control over the following divisions:

(a) Performance Improvement (Reports to the Executive Officer for purely Performance Improvement functions).

(b) Utilization Management

(c) Analysis and Evaluation

(11) The Division Officers of the Managed Care Department will:

(a) Report to the Head, Managed Care Department.

(b) Perform such collateral duties as may be assigned.

i. Patient Administration Department will:

(1) Manage administrative processes involving the admission and disposition of inpatients and care for outpatients. These processes include clinical record creation and maintenance, medical boards, aeromedical evacuations, appointment systems, safeguarding of personal effects, advanced directives, and powers of attorney.

(2) Serve as the command authority for determining eligibility status of patients.

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(3) Provide for transcription services as required by the medical staff.

(4) Coordinate inter-hospital inpatient transfers by ground or air transportation and arrange for outpatient appointments at other medical treatment facilities.

(5) Manage the Department of the Navy's Decedent Affairs and Mortuary Affairs Program.

(6) Maintain close liaison with the Managed Care Department for TRICARE and Managed Care initiatives.

(7) Maintain and manage a Marine Liaison office that provides adequate feedback to Marine Corps units regarding the status of their admitted members; arrange for medical appointments for Marines and ensure that they have adequate transportation for all scheduled appointments.

(8) Serve as the command's point-of-contact regarding Privacy Act and Freedom of Information Act requests.

(9) Manage the command's Patient Contact Program.

j. Resource Management Department will manage all non-human resource management functions within the command and serve as the command's Comptroller. The Comptroller will report directly to the Commanding Officer for specific fiscal or budgetary functions. The remainder of the management functions of resource management will be under the auspices of the Head, Resource Management Department. Specific duties include:

(1) Coordinate, implement, and execute policies and procedures relating to resource management functions.

(2) Participate in and conduct appropriate portions of the command education program.

(3) Ensure the adequacy, security, maintenance, proper use, economy, and accounting of all supplies and equipment.

(4) Initiate, conduct or participate in resource management projects and/or research studies as appropriate or as directed by the Director for Administration.

(5) The Head, Resource Management will have organizational control and line authority for the following divisions: Budget and Accounting Division, Patient Account Service, and Resource Analysis Service. Human Resource Division Officers will:

(a) Prepare, maintain and review annually all Standard Operating Procedures to ensure their accuracy.

(b) Promote efficiency and economy in operations through innovative management, and initiate performance improvement projects and functions.

(c) Inform and advise the Head, Resource Management Department regarding all resource management operations and collaborate with other administrative and clinical departments to promote and support efficient and effective patient care.

(d) Participate in and conduct appropriate portions of the command's educational programs to ensure all personnel receive adequate training and education to meet the challenges of the department and new challenges from higher authority.

(e) Provide and support equal employment opportunity for all persons and prohibit discrimination in employment because of race, color, religion, gender, age, or national origin.

(f) Exercise general supervision and control over all spaces and supporting facilities of the Resource Management Department.

(g) Provide a safe working environment for all personnel.

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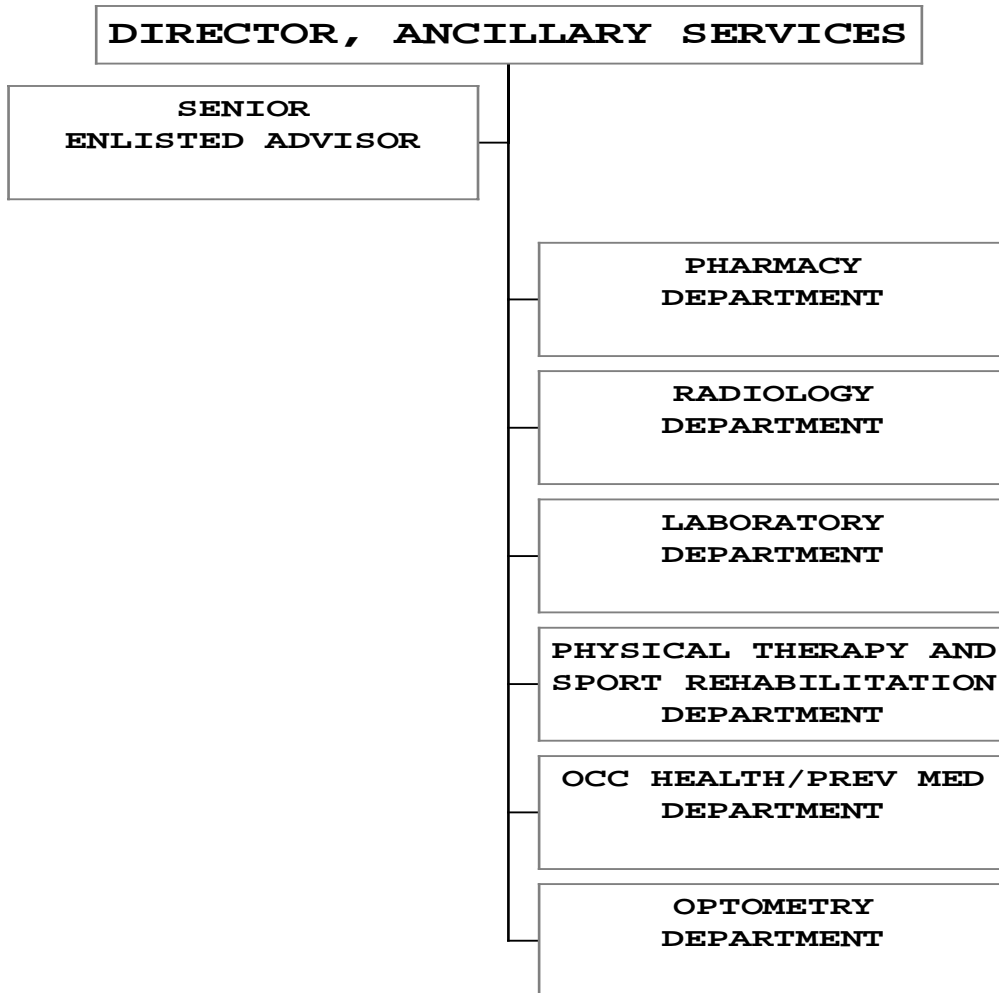
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(h) Monitor performance indicators in concert with the command's Performance Improvement Plan, thus ensuring active participation in the improvement of departmental processes.

(i) Educate staff members on local mandates, ensuring compliance with local command instructions.

(j) Perform other duties as may be assigned by the Head, Resource Management Department or the Director for Administration.

DIRECTORATE
FOR
ANCILLARY SERVICES



DIRECTOR ANCILLARY SERVICE (DAS)

1. Responsibility. The Director, Ancillary Services (DAS) is responsible to the Executive Officer for coordinating and efficiently operating all ancillary services provided in support of patient care for the command. See Exhibit C for organizational structure.

a. The DAS keeps the Executive Officer advised of the provisions of ancillary services, efficient and effective utilization of personnel and material resources, training requirements, and the implementing of policies, criteria, and standards as they pertain to ancillary services.

b. The Director for Ancillary Services shall confer with other Directorates on matters of mutual concern.

2. Action

a. Director for Ancillary Services shall:

(1) Participate as a voting member of the command's Board of Directors.

(2) Direct, plan, coordinate, implement and evaluate activities related to the delivery of ancillary services within the hospital.

(3) Participate in administrative decisions for formulating hospital policy, devising procedures essential to the achievement of objectives, and developing and evaluating programs and services.

(4) Ensure the highest standards of professional services are maintained, that every effort is made to keep the quality of health care at the optimum level, and that the standards for the delivery of health care are consistent within the Ancillary Services Directorate (ASD).

(5) Participate in and conduct appropriate portions of the command training programs.

(6) Initiate, conduct or participate in clinical and/or

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research studies, as appropriate, for professional growth and development.

(7) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment.

(8) Participate in the development of an annual budget plan.

(9) Perform other appropriate functions as directed by higher authority.

(10) Have organizational control and line authority for the following departments:

(a) Optometry Department.

(b) Laboratory Department.

(c) Pharmacy Department.

(d) Physical Therapy and Sports Rehabilitation Department.

(e) Radiology Department.

(f) Occupational Health/Preventive Medicine Department.

(11) Serve as the Chairperson for the Civilian Employee Recognition Board following the guidelines of local directives, to recognize outstanding civilian performance.

b. Senior Enlisted Advisor of the ASD shall:

(1) Report to and be directly responsible to the DAS.

(2) Provide support and oversight in the administration and management of all ASD business, including but not limited to personnel and manpower, material management, management information, facilities, fiscal, performance improvement, and education and training.

(3) Serve as the Senior Enlisted Leader of the ASD.

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(4) Inform and advise the DAS regarding all administrative operations and collaborate with other administrative and clinical departments to promote and support efficient patient care.

(5) Participate in and conduct appropriate portions of the command training programs, promoting the continuing education of staff officers, and provide on-the-job training for all personnel assigned to the directorate.

(6) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment.

(7) Provide and support equal employment opportunity for all persons and prohibit discrimination in employment because of race, color, religion, sex or national origin.

(8) Exercise generic supervision and control over spaces and supporting facilities assigned to the directorate.

(9) Provide a safe working environment for personnel and bring to the Safety Manager's attention occupational or environmental hazards which cannot be corrected at the directorate level.

(10) Monitor performance indicators in concert with the command's Performance Improvement Plan, thus ensuring active participation in performance improvement of directorate processes.

(11) Educate staff members on local mandates ensuring compliance with local command instructions and document that compliance is being maintained.

(12) Perform such collateral duties as may be assigned.

3. Responsibilities and duties of the departments responsible to the DAS:

a. Optometry Department shall:

(1) Provide active duty military personnel with the full scope of quality optometry care consistent with the

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policies of BUMED and within available resources. These include, but are not limited to:

- (a) Complete optometric examinations, diagnosis, and treatment.
 - (b) Limited contact lens services.
 - (c) Vision screening.
 - (d) Prescribing, ordering, fitting, adjusting, repairing, verifying, and dispensing ophthalmic spectacles and devices.
 - (e) Consulting with and referring to ophthalmological and other medical disciplines.
 - (f) Providing spectacle prescriptions for personal use.
 - (g) Providing driver's license optometric evaluations.
- (2) Provide optometry services required by the Sight Conservation Program for civilian and military personnel eligible for safety eyewear through their individual work center Safety Departments.
- (3) Operate a small single vision satellite ophthalmic laboratory with the capability of providing urgent operational readdress services.
- (4) Provide quality optometry services to eligible beneficiaries.

b. Laboratory Department shall:

- (1) Provide clinical and anatomic laboratory support for the care of inpatients and outpatients.
- (2) Reference laboratory services, as directed.
- (3) Operate a blood bank (transfusion service only).

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(4) Be divided into an Anatomical Pathology Division and a Clinical Pathology Division.

(a) Anatomical Pathology Division shall process gross tissues, perform microscopic analysis and diagnostic interpretation, operate a frozen section service, preserve appropriate specimens and records and provide reference laboratory services, as required.

(b) Clinical Pathology Division shall operate the clinical laboratories; perform user tests on laboratory equipment/reagents/test kits, etc., as directed; provide blood and blood components for use within the hospital; provide for internal quality control; provide quality assurance services to clinicians; and conduct continuing investigations into the applications of data management and laboratory systems development.

c. Pharmacy Department shall coordinate and supervise pharmaceutical activities of the command; maintain adequate stocks of pharmaceutical supplies and substances; manufacture stock medicinal preparations using control and analysis procedures necessary to ensure uniformity and potency; compound and dispense drugs and medicines as prescribed by medical and dental officers; and ensure each prescription is filled correctly. The department is divided into an Administrative Division and Dispensing Division.

(1) Administrative Division shall:

(a) Supervise and coordinate all functions relative to the storage of packaged pharmaceutical supplies.

(b) Inspect ward drug storage to assure that drugs are stored under prescribed storage conditions.

(c) Establish safeguards for storing and issuing, narcotics, and controlled medications.

(d) Ensure that all drugs and chemicals in store are properly labeled.

(e) Maintain a current pharmaceutical reference library.

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(f) Maintain an up-to-date physician signature file.

(g) Maintain adequate supplies of drugs and prepackages and appropriately identify drugs and substances.

(h) Provide pharmaceutical information to the other clinical departments and to patients and participate in adverse drug reaction reporting programs.

(2) Dispensing Division shall:

(a) Dispense and maintain records of all drugs issued to wards, clinics, and outpatients.

(b) Exchange, maintain and replenish emergency drug boxes as they are returned from clinical areas.

(c) Maintain a record of controlled medications dispensed to the inpatient wards.

d. Physical Therapy and Sports Rehabilitation Department shall:

(1) Provide a coordinated team approach in the rehabilitation of patients with any debilitating condition.

(2) Provide primary musculo-skeletal screening and consultation in wound care management.

(3) Participate in interdisciplinary clinics and conferences for the management of patients that involve other specialties for comprehensive care and discharge planning.

(4) Conduct physical reconditioning activities including therapeutic and corrective exercises to aid in recovery and injury prevention.

(5) Perform electroneuromyography and services when a qualified provider is onboard.

(6) Provide Injury Prevention classes to hospital personnel and active duty units aboard the MCAGCC.

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e. Radiology Department shall:

(1) Provide diagnostic radiographic and imaging services to all eligible beneficiaries. This includes Plain Radiography, Intravenous Pyelography, CT scan, Ultrasound (US), Fluoroscopy, and Mammography. Military and civilian patients requiring Nuclear Medicine. MRI, and Angiographic exams are referred to supporting medical facilities.

(2) Maintain a radiological safety program.

(3) Use an indefinite quantity contract with a civilian radiology group for plain film interpretation when the active duty radiologist is not available.

(4) Provide coverage for plain radiographs from the Emergency Medicine Department and inpatient wards 24 hours a day. Fulfill nonurgent requests from Hospital Clinics, Military Sick Call, Battalion Aid Stations and CAX's on a walk-in basis.

(5) Provide timely radiographic reports to requesting providers.

(6) Ensure, through coordination with the Medical Repair Division and appropriate service contracting personnel, that required maintenance and calibration of all diagnostic equipment is performed on schedule and within mandated requirements.

f. Occupational Health/Preventive Medicine Department (OH/PM) shall provide a Preventive Medicine Program for the command and activities served including prevention and control of communicable diseases and the provisions of occupational health services. Four divisions make up the OH/PM Department.

(1) Occupational Health Division shall:

(a) Manage the regional occupational medicine program, advise and assist the commands served in occupational medicine matters.

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(b) Manage the Occupational Health Clinic (OHC) for treating and diagnosing occupationally acquired illnesses and injuries of military and federal civil workers.

(c) Provide education and training as appropriate in occupational medicine programs.

(d) Maintain a current treatment regimen for potentially toxic materials used by commands. Specific hazard based medical surveillance programs are a major component of the OHC's activities.

(2) Preventive Medicine Division shall provide a program for the command and activities served to include prevention and control of communicable diseases, monitoring of potable water, food preparation and all other preventive medicine services.

(3) Industrial Hygiene Division shall:

(a) Advise the occupational health care professionals, safety personnel and department heads of specific chemical uses workplace conditions, and physical stressors.

(b) Conduct industrial hygiene surveys for units aboard the combat center and remote activities. The survey will consist of chemical and physical monitoring data from the work place and a determination of the employee's exposure.

(c) Provide training on chemical and physical stressors to all military and civilian employees aboard MCAGCC.

(d) Analyze airborne and bulk samples as well as performing asbestos identification.

(e) Investigate indoor and bulk samples as well as performing asbestos identification.

(4) Health Promotion Division shall provide health promotion and wellness services that promote healthy lifestyles and improve health of beneficiaries onboard the MCAGCC.

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It shall liaison directly with MCAGCC commands and organizations to provide support for health promotion activities as requested.

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DIRECTORATE
FOR
MEDICAL SERVICES (DMS)

DIRECTOR, MEDICAL SERVICES

MILITARY SICK CALL
DEPARTMENT

MENTAL HEALTH
DEPARTMENT

PEDIATRICS
DEPARTMENT

FAMILY PRACTICE
DEPARTMENT

INTERNAL MEDICINE
DEPARTMENT

EMERGENCY MEDICINE
DEPARTMENT

DIRECTOR, MEDICAL SERVICES (DMS)

1. Responsibility. Director, Medical Services (DMS) is responsible to the Executive Officer for the coordination and efficient operation of all medical services provided within the command. See Exhibit D for organization structure.

a. The DMS keeps the Executive Officer advised concerning the provisions of medical services, efficient and effective utilization of personnel and material resources, training requirements for all medical services personnel, and the implementation of policies, criteria and standards as they pertain to the provisions of medical services. The DMS will ensure that access standards are monitored and maintained while simultaneously ensuring quality medical services.

b. The DMS confers with other Directorates on matters of mutual concern.

2. Action

a. The Director for Medical Services shall:

(1) Participate as a voting member on the command's Board of Directors.

(2) Direct, plan, coordinate, implement and evaluate activities related to the delivery of inpatient and ambulatory medical care within the designated medical services of the hospital.

(3) Discharge those responsibilities related to professional medical care and ensure the prompt and proper disposition of patients from the medical services as provided by laws and regulations.

(4) Plan and coordinate appropriate professional training of medical staff.

(5) Participate in administrative decisions for formulating hospital policy, devising procedures essential to the achievement of objectives and developing and evaluating programs and services.

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(6) Ensure the highest standards of professional services are maintained, that every effort is made to keep the quality of health care at the optimum level, and that the standards for the delivery of health care are consistent within the Medical Directorate.

(7) Participate in and conduct appropriate portions of the command's educational programs.

(8) Initiate, conduct or participate in clinical and/or research studies, as appropriate, for professional growth and development.

(9) Exercise general administrative supervision and control over departments assigned.

(10) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment.

(11) Serve as the chairperson for the Command Bioethics Review Committee.

(12) Act as medical consultant for subordinate medical commands.

(13) Participate in the development of an annual budget plan.

(14) Provide orientation, indoctrination, observer, refresher and familiarization training, as directed, for graduate level trainees, externs, medical and nursing students from affiliate professional schools, clinical clerks and others.

(15) Ensure ambulatory care services shall meet the same standards of quality that apply to inpatient care.

(16) Perform other appropriate functions as directed by higher authority.

(17) Have organizational control and line authority for the following departments.

(a) Emergency Medicine Department.

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- (b) Family Practice Department.
- (c) Internal Medicine Department.
- (d) Mental Health Department.
- (e) Military Sick Call.
- (f) Pediatrics Department.

b. Department Heads shall:

(1) Be licensed and credentialed physicians who are appointed by and responsible to the Commanding Officer, via the Director, Medical Services, for services within the departments. If a physician is unable to serve as Department Head, a Nurse Corps or Medical Service Corps officer may be appointed as a Clinic Manager (CM) by the Commanding Officer. In this case the department professional activities would be the responsibility of the physician who would be appointed as the Senior Medical Officer (SMO). The appropriate appointing orders will provide further clarification of duties for the CM and SMO.

(2) Report to the DMS and supervise all personnel in their responsible departments.

(3) Conduct and coordinate the business and medical functions of the command in an efficient and orderly manner and direct administrative operations in accomplishment of management objectives to achieve optimum cost effectiveness.

(4) Promote efficient and economic operations through innovative management and initiative management improvement projects and functions.

(5) Inform and advise the DMS regarding all medical operations and collaborate with other medical and clinical departments to promote and support efficient patient care.

(6) Participate in and conduct appropriate portions of the command training programs promoting the continuing education of staff officers and provide on-the-job training for all personnel assigned to the department.

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(7) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment.

(8) Provide and support equal employment opportunity for all persons and prohibit discrimination in employment because of race, color, religion, sex or national origin.

(9) Exercise general supervision and control over spaces and supporting facilities of the administrative departments.

(10) Provide a safe working environment for personnel and bring to the Safety Officer's attention occupational or environmental hazards which cannot be corrected at the department level.

(11) Monitor performance indicators in concert with the Director's PI Plan thus ensuring active participation in performance improvement of departmental processes.

(12) Educate staff members of local mandates ensuring compliance with local command instructions and document that compliance is being maintained.

(13) Educate staff members of local mandates ensuring compliance with local command instructions and document that compliance is being maintained.

(14) Ensure the implementation of a planned and systematic process for monitoring and evaluating the quality and appropriateness of patients served by the department, and the clinical performance of all individuals with clinical privileges in the department.

3. Responsibilities and duties of the departments responsible to the DMS:

a. Emergency Medicine Department (EMD) is an 8 bed Level III medical treatment center providing 24-hour per day physician and nursing coverage and shall:

(1) Provide medical and nursing care for both military

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and civilian adult, pediatric, adolescent and neonatal patients, and is responsible for:

(a) The immediate treatment of any medical or surgical emergency.

(b) Initiating lifesaving procedures.

(c) Providing emergency care for chronic medical problems and for minor illness or injuries.

(2) In cases requiring care which exceeds the capability of this facility, coordinate appropriate ground or air transportation to other facilities.

(3) Consists of:

(a) The Department Head who is a residency-trained Emergency Medicine military physician.

(b) Mix of residency trained emergency medicine military physicians and civilian contract physicians with delineated emergency medicine privileges.

b. Family Practice Department (FPD) shall provide and coordinate primary, comprehensive and continuing outpatient and inpatient health care for family units including military and civilian adult, pediatric, adolescent and neonatal patients. Medical, surgical, pediatric, obstetrical, and other services are provided as required and appropriate. The FPD furnishes general clinical support to the outpatient services and coordinates closely with other clinical departments, as necessary, to provide total health care for the family.

(1) The Department Head shall be board certified by the American Academy of Family Physicians. Credentialed health care providers in the Family Practice Department include military family physicians, family nurse practitioners and civilian resource sharing care physicians and/or civilian family nurse practitioner.

(2) Outpatient Services. Family Practice Clinic shall provide for the reception, screening, examination, diagnosis,

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treatment and disposition, as appropriate, of individual family members, and provide for the referral of patients to other specialty clinics when required. Managerial and nursing support is provided by a Nurse Division Officer. General medical and clerical support is provided by corpsmen and medical clerks.

(3) Inpatient Services. Family Practice Department shall provide for and coordinate services relative to the admission, hospital management, and disposition of patients admitted by department members or referred for consultation by spectrum from obstetrics, newborn nursery, and pediatrics to general medicine and geriatrics.

c. Internal Medicine Department shall provide inpatient, outpatient, primary and consultative services in general internal medicine, and coordinate health care delivery relative to the examination, diagnosis, treatment and disposition of patients appropriate to the specialties and subspecialties.

(1) Patients include active duty personnel referred from Battalion Aid Stations, other clinics, and other eligible beneficiaries including military retirees and dependent adult family members of active duty and retired personnel.

(2) Patients requiring subspecialty care beyond the capabilities of this facility are referred to other appropriate military and civilian medical facilities.

(3) The Department Head of this department shall be a residency-trained Internal Medicine specialist having broad general knowledge in cardiology, gastroenterology, neurology, endocrinology, hematology, nephrology, rheumatology, and pulmonary medicine.

(4) Outpatient managerial and nursing support in the department is provided by the Family Practice Nursing Division Officer. Medical and clerical support is provided by corpsmen and medical clerks.

d. Mental Health Department shall:

(1) Be divided administratively into Active Duty Mental

health and Non-Active Duty Mental health. Each section is responsible to the Head, Mental Health Department and shall provide the following services:

(a) Consultation liaison services with other medical specialties, including weight control, smoking cessation, stress management and other health promotion activities.

(b) Outpatient assessment, as well as individual and group psychotherapy for active duty members, retirees and their department family members as delineated in the department's policy and procedures.

(c) Evaluating and diagnosing, fitness for duty, appropriateness for therapy, administrative screening for special military duties and triage to other services as indicated.

(d) Psychological evaluations and administers psychometric tests and measurements. Emphasis is on assessment and diagnosis for psychopathology, psychodynamics, neuropsychological dysfunction, learning disabilities, and cognitive capacities. Limited vocational assessment is available in support of primary psychological treatment.

(e) Complete psychiatric evaluations and the use of pharmacotherapy in the treatment of patients with mood disorders, psychosis, and other situational difficulties.

(2) Have a Department Head who is a residency, trained psychiatrist/psychologist with commensurate licensure and privileges who is appointed by and responsible to the Commanding Officer for mental health services within the command.

e. Military Sick Call Department is an outpatient clinic responsible for the primary medical care of active duty Marine Corps and Navy personnel. Located approximately one mile from the main hospital, Military Sick Call is nonetheless an integral part of the command. Functions include general sick call, physical examinations, preventive medicine (including immunizations, audiograms and sexually transmitted diseases), overseas screening, range and EOD medical support, health record maintenance and supply.

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(1) The Department Head may be a Family Physician or a General Medical Officer who has successfully completed at least one year of postgraduate medical education, is a licensed and privileged health care provider and is responsible to the Director for Medical Services. A non-physician Clinic Manager may be appointed and be responsible for all administrative activities of the department. In this case, a credentialed physician will be appointed as Senior Medical Officer responsible for all clinical activities of the department.

(2) Direct oversight of the corpsmen is provided by the Leading Chief Petty Officer. Military Sick Call is divided into six sections, each of which is directed by a section leader.

(3) Additional medical support is provided by:

(a) Physician's Assistants.

(b) Independent Duty Corpsmen.

(c) Enlisted non-physician healthcare providers.

(4) Clerical assistance is provided by general duty Hospital Corpsmen.

f. Pediatrics Department shall provide and coordinate primary, comprehensive, and continuing outpatient and in-patient health care for beneficiaries under the age of eighteen years, furnish general clinical support to the outpatient services and coordinate closely with other clinical departments, as necessary, to provide health care for the family.

(1) Outpatient Services shall:

(a) Receive managerial and nursing support by a Nurse Division Officer. General medical and clerical support is provided by corpsmen and medical clerks.

(b) Receive, screen, examine, diagnose, treat, and dispose, as appropriate, of individual family members under the age of eighteen.

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(c) Refer patients to other specialty clinics when required.

(2) Immunization Clinic shall:

(a) Fall medically, administratively and geographically under the Pediatrics Department.

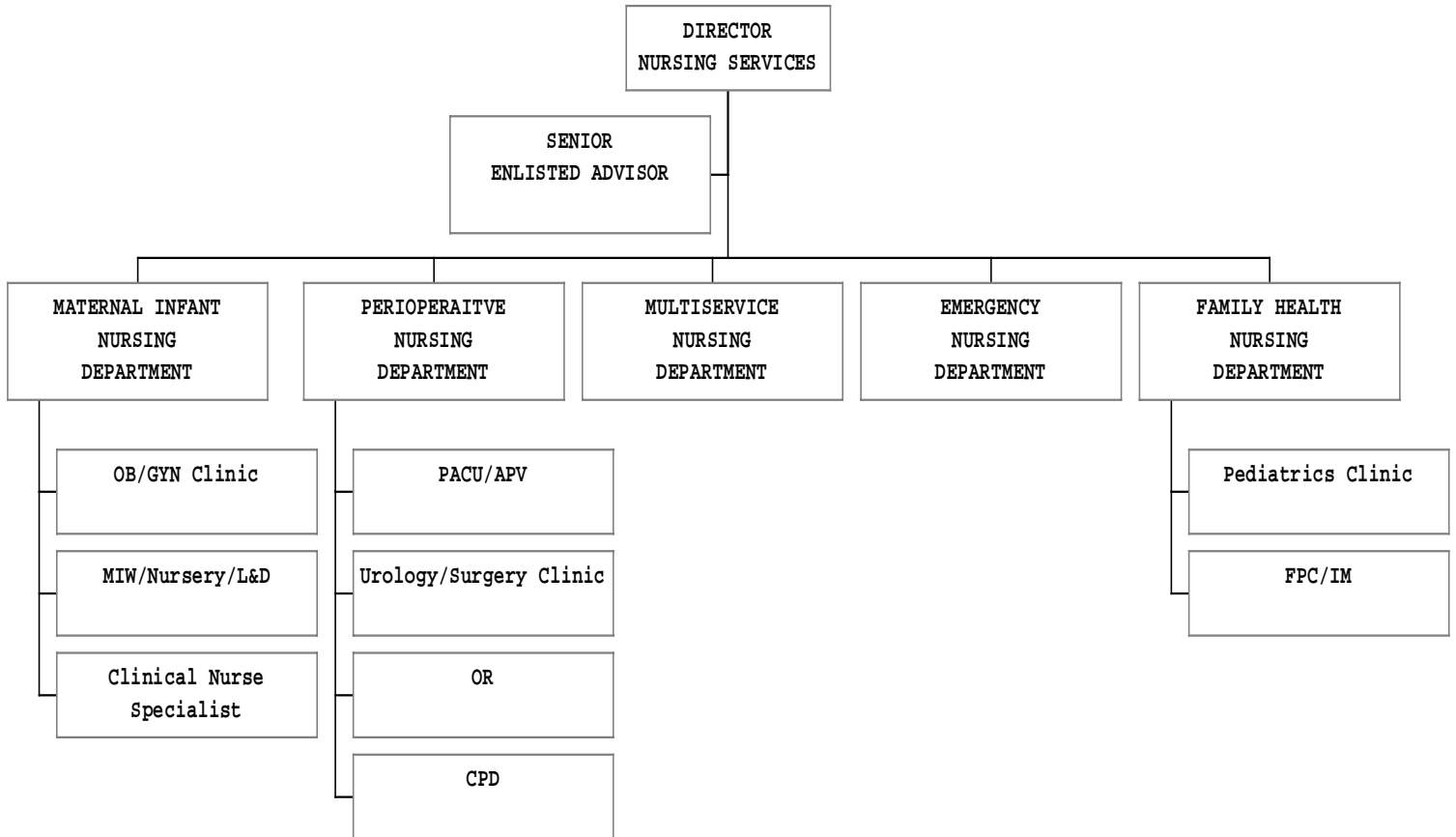
(b) Be responsible for administering routine infant and childhood immunizations, adult immunizations, skin testing (TB, etc), Depo-Provera contraception injections and allergy desensitization injections.

(3) Inpatient Services. The Pediatrics Department shall provide for and coordinate services relative to the admission, hospital management and disposition of patients admitted by department members or referred for consultation by members of other departments.

(a) Patients include a wide array of general pediatric problems admitted to the Multiservice Ward, as well as infants admitted to the Newborn Nursery.

(b) Administratively the Newborn Nursery falls under the Nursing Directorate, with medical supervision provided by the Pediatrics Department.

NURSING SERVICES DIRECTORATE



DIRECTOR, NURSING SERVICES (DNS)

1. Responsibility. The Director, Nursing Services (DNS) is responsible to the Executive Officer for ensuring all patients receive optimal and comprehensive nursing care that meets professional nursing standards and for coordinating the efficient operation of all nursing matters. See Exhibit E for the organizational structure.

a. The DSN keeps the Executive Officer advised of concerns in nursing care, practice and standards, changing conditions of selected patients, directorate utilization of personnel and material resources, training requirements, and the implementation of policies and procedures pertaining to nursing or of a collaborative nature.

b. The DNS is responsible for all nursing practices throughout the command.

c. The DNS shall collaborate with other Directorates on all matters of mutual concern.

2. Action

a. The Director for Nursing shall:

(1) Serve as a voting member of the Board of Directors.

(2) Plan, organize, direct, coordinate, implement and evaluate nursing care activities for all beneficiaries.

(3) Plan, organize, direct, coordinate, implement and evaluate nursing care systems and assess the efficiency and cost effectiveness of services and outcomes.

(4) Develop an annual budget plan for forecasting the needs of Nursing Services. Monitor funds expended for salaries, supplies, and major/minor equipment.

(5) Oversee the implementation of nursing standards, practice, and professional performance. Assess compliance with standards through formal feedback mechanisms, i.e., Performance Improvement (PI) and Risk Management Programs.

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(6) Initiate development of policies, procedures and standards which govern nursing practice and are consistent with the directives of higher authority, and ensure such practices conforms to requirements for accreditation by appropriate bodies.

(7) Direct the assignment of all nursing personnel commensurate with their training, education and competency.

(8) Maintain staffing patterns which promote the optimum use of all nursing personnel to include the enforcement of equitable and consistent leave and liberty policies. Staffing allocations are based on actual nursing care requirements determined by volume and patient acuity.

(9) Provide technical and professional guidance, counseling, education, and training for each nursing specialty, fostering each individual's professional growth and development in both the clinical and administrative arenas.

(10) Allocate clinical and administrative resources to ensure continuity of care and services over the 24-hour period.

(11) Conduct periodic meetings with the professional nursing staff to identify problems, develop approaches to resolve problems, share information, address nursing practice issues, and capitalize on opportunities to improve nursing care, as well as matters pertaining to staff and their quality of life.

(12) Exercise general administrative supervision and control over the patient care units.

(13) Ensure the adequacy, security, maintenance, proper use, economy, and accounting of supplies and equipment throughout patient care areas.

(14) Collaborate with Professional Affairs to ensure nursing licensure requirements are met.

(15) Foster a climate that integrates, participates in,

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conducts, or implements nursing research, promoting professional growth and development and progressive care delivery.

(16) Participate with other hospital leaders to develop plans, policies, procedures, budget allocations, performance improvement activities and review mechanisms, and to develop and evaluate programs and services.

(17) Formulate guidelines for nursing student activities and other educational institution affiliates.

(18) Foster a climate in which the health, morale, and general welfare of nursing personnel is a primary concern.

(19) Establish standing and ad hoc nursing committees to conduct Nursing Services and command functions.

(20) Develop and implement programs to promote nursing staff recruiting, retention, and continuing education.

(21) Have organizational control and line authority for the Family Health Nursing, Maternal/Infant Nursing, Perioperative Nursing, Emergency Nursing Department, Multi-service Nursing Departments and personnel, and the Discharge Planner/Patient Educator.

b. The Department Heads shall:

(1) Report to and be directly responsible to the DNS.

(2) Establish, maintain and evaluate standards of nursing practice, ensuring compliance with standards of care.

(3) Conduct and coordinate the business and nursing functions of the Naval Hospital in an efficient manner and direct nursing operations cost effectively.

(4) Inform and advise the Director, Nursing Services regarding nursing operations and collaborate with other clinical departments to promote and support efficient patient care.

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(5) Support and conduct appropriate educational programs, provide on-the-job staff orientation/training, and facilitate continuing education opportunities.

(6) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment.

(7) Provide and support equal opportunity for all staff.

(8) Exercise general supervision, control, and security over spaces providing a safe working environment for personnel and bring to the Safety Manager's attention any occupational or environmental hazards not correctable at the departmental level.

(9) Monitor departmental performance in concert with the PI Plan, ensuring on-going performance improvement activities.

(10) Educate staff on local mandates ensuring compliance with instructions and provide the means to document compliance.

(11) Foster research based practice and integrate current research findings into policies and procedures.

(12) Determine nursing needs, establish staffing patterns, and ensure 24 hour nursing staff coverage of unit(s).

(13) Assess and make recommendations regarding matters which contribute to the health, contentment, general welfare and morale of inpatients and staff.

(14) Confer and collaborate with other department heads on matters of mutual concern.

(15) Perform collateral duties as assigned.

c. The Division Officers shall:

(1) Report to the appropriate department head.

(2) Develop, implement and evaluate policies and procedures to maintain high quality care delivery and nursing practice, and assure compliance with accrediting agencies, standards.

(3) Evaluate patient volume and acuity and provide sufficient staffing to deliver optimum patient care.

(4) Supervise, evaluate and counsel respective nursing personnel, achieving timely and progressive development growth and clinical competency.

(5) Assist in research application to departmental nursing activities.

(6) Assist with the development and administration of the department budget, and maintain appropriate accounting, security, quantity, and function of supplies and equipment.

(7) Identify and resolve educational needs of the nursing personnel, coordinating programs and schedules to meet the needs and achieve timely staff competencies.

(8) Ensure the proper execution of administrative duties in respect to unit and staff supervision.

(9) Consult and collaborate with appropriate department heads and hospital staff on matters of mutual concern.

(10) Identify and make recommendations regarding matters which contribute to the health, contentment, general welfare and morale of patients and department staff.

(11) Perform collateral duties as assigned.

d. The Senior Enlisted Advisor, Nursing Services shall:

(1) Report to the DNS for line authority.

(2) Maintain a staff relationship with the Command Master Chief in regards to management of all enlisted matters.

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(3) Have line authority over all directorate LPOs and corpsmen for enlisted military matters.

(4) Have a staff relationship with all directorate department heads, LPOs, and corpsmen for clinical matters.

(5) Manage directorate enlisted matters as appropriate, i.e., recommend or authorize approval of chits, perform interviews and formal/informal counseling, complete service record entries, coordinate submission of evaluations, and monitor Extra Military Instruction activities.

(6) Welcome aboard and orient new HMs to the chain of command and Nursing Directorate policies.

(7) Monitor enlisted morale and keep abreast of climate, informing DNS of issues and making recommendations for changes.

(8) Meet quarterly with LPOs and Department Heads to conduct business and facilitate communication.

3. Responsibilities and duties of the Departments responsible to the DNS:

a. The Family Health Nursing Department:

(1) Family Practice Clinic (FPC): This division provides non-emergent outpatient care to adult, adolescent, and pediatric family members experiencing acute and chronic illnesses and health challenges.

(2) Internal Medicine Clinic (IMC): This division provides chronic care to patients experiencing complex medical illnesses.

(3) The scope of services for FPC and IMC includes comprehensive examination, diagnosis, and management of uncomplicated, acute:

(a) Pediatrics

(b) Gynecology

- (c) Orthopedics
- (d) Minor trauma
- (e) Routine Obstetrics
- (f) Stress Tests, EKGs, Holter monitoring
- (g) Health Maintenance, Education, and Screening
 - 1 mammogram consultation
 - 2 physical, sports, and school exams
 - 3 overseas screening
 - 4 annual gynecological exams w/PAP
 - 5 hormone replacement therapy
 - 6 tobacco cessation counseling
 - 7 hypertension screening/education
 - 8 WIC referrals
 - 9 preventive medicine functions
- (h) Minor Surgical procedures
 - 1 arthrocentesis
 - 2 nevi/tag removal
 - 3 shave/punch biopsies
 - 4 excision of cysts, in-grown toenails
 - 5 abscess incision/drainage
 - 6 foreign body extraction
 - 7 vasectomy

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8 colposcopy

9 flexible sigmoidoscopy

(4) The following services are not performed in
FP/IMC:

- (a) No general/major regional anesthesia
- (b) No routine cardioversion/pacemaker insertion
- (c) No colonoscopy exam
- (d) No long term patient observation (>3 hrs)
- (e) No cast application, except by Orthopedic
staff
- (f) No major facial/hand sutures
- (g) No major surgical procedures

(5) Pediatric Clinic. This division provides acute and chronic care to the pediatric and adolescent client from birth to age 18, and additionally provides immunization/allergy services to beneficiaries. The Pediatric Clinic provides the following services:

- (a) Comprehensive exam, diagnosis, and
management of uncomplicated pediatrics.
- (b) Health maintenance and education
- (c) Physical/sports/school exams
- (d) Well baby/child exams
- (e) Minor Surgical Procedures:

1 circumcision

2 ultrasound

3 colposcopy

4 LEEP procedures

The following are not performed in the OB/GYN clinic:

- (a) General/major regional anesthesia
- (b) No long term patient observation (<3 hrs)

b. The Maternal-Infant Nursing Department:

(1) Obstetric/Gynecology Clinic (OB/GYN). This division provides prenatal care to prospective mothers and acute and chronic care, as well as health promotion and prevention, to women experiencing gynecological health challenges and/or illnesses. The OB/GYN clinic scope of services includes comprehensive exam, diagnosis and management of uncomplicated:

- (a) Gynecological problems
- (b) Surgical problems
- (c) Routine and high risk obstetrics
- (d) Health education
- (e) Mammography consultation
- (f) Annual pelvic/breast exam w/PAP
- (g) Hormone therapy/family planning
- (h) Minor procedures:

1 non stress test (NST)

2 ultrasound

3 colposcopy

4 LEEP procedures

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The following are not performed in the OB/GYN clinic:

(a) General/major regional anesthesia

(b) No long term patient observation (<3 hrs)

(2) Labor and Delivery (L&D). This unit is staffed 24 hours a day to care for perinatal inpatients and outpatients. The L&D scope of services routinely includes:

(a) Delivery of routine/uncomplicated perinatal patients of 35+ weeks of gestation.

(b) Emergent deliveries of patients not stable for transport.

(c) Care and management of selected high risk obstetrical patients.

(d) Management and evaluation of prenatal patients. L&D unit staff do not routinely deliver infants who are less than 35 weeks gestational age. Patients who are less than 35 weeks gestation who present in imminent labor will be transferred if stable.

(3) Nursery. The normal, stable newborn is transitioned and cared for in his/her mother's room. The mother-infant couplet is separated only when medically indicated. Infants of any gestation who are unstable and required care that cannot be performed by the mother will be cared for in this area. Those infants who are unstable and require transport will be cared for until such transport can be arranged. The Nursery scope of services routinely includes:

(a) Circumcision

(b) Newborn nursing care, monitoring and evaluation as in a Level II nursery. This includes but is not limited to oxyhoods, IVs and IV access devices, medications and CP monitors.

(4) Maternal-Infant Ward (MIW). The MIW provides inpatient care to prenatal and post-partum patients, and newborn infants. The MIW scope of services routinely includes but is not limited to:

- (a) Post-partum care
- (b) Newborn infant care
- (c) Education of parents and families in newborn care, growth and development
- (d) Pregnancy Induced Mellitus
- (e) Pylonephritis
- (f) Gestational Diabetes Mellitus
- (g) Hyperemesis Gravidarum
- (h) Reactive Airway Disease
- (i) Newborns are transitioned and cared for on MIW

5. The Department Head reports to the DNS and has line authority over the nurses, corpsmen, and ward clerk. The Division Officer reports to the Department Head and has line authority over the assigned staff.

c. The Perioperative Nursing Department:

(1) Plans, organizes, guides and coordinates the implementation and documentation of nursing care for in-patient and outpatient services in the perioperative arena for the preoperative, intraoperative, and postoperative phases. As a Level III service, the scope includes elective and/or emergent treatment 24 hours/day in the following subspecialties:

- (a) General Surgery
- (b) Obstetrics/Gynecology

(c) Orthopedics

(d) Otolaryngology (ENT), limited

(e) Urology, limited

The Department is comprised of the following divisions:

(a) Main Operating Room staff shall plan, organize, direct, coordinate, implement and document the activities related to the perioperative nursing care of inpatients and outpatients scheduled for surgical intervention. The Division Officer shall:

1 supervise and direct all nursing care according to established practice, as well as activities within the operating room.

2 collaborate with other medical department staff in the course of care,

3 maintain a safe environment for patients and staff,

4 instruct and supervise subordinates,

5 assist with staffing patterns, and

6 evaluate and document perioperative nursing care and activities in compliance with perioperative nursing standards.

(b) Post Anesthesia Care Unit (PACU)/ Ambulatory Procedures Unit (APU) provides intensive observation and care of patients following an operative procedure in which an anesthetic agent has been required. The Ambulatory Procedures Unit (APU) provides care and monitoring of minor surgical patients requiring lesser levels of anesthesia. The unit staff provides extensive patient teaching prior to the surgical intervention to better inform the patient and prepare them for home care requirements. Level II Post Anesthesia Care is provided after the patient is released from PACU Division to the APU.

(c) Urology Surgery Clinic: This division provides acute care to patients being evaluated and treated by surgical subspecialty physicians.

(d) Central Processing Division: This division provides support throughout the command for cleaning, sterilization, and maintenance of instruments, trays, and patient care items requiring sterilization.

(e) The Department Head (DH) reports to the DNS and has line authority over the nurses, corpsmen, and medical clerks staffing the above areas. The DH has a staff relationship with the DSS. The Division Officers report to the Department Head, and have line authority over their assigned staff.

d. The Emergency Nursing Department:

(1) Emergency Room: The staff of this area provides a full range of acute and emergency nursing care to all eligible adult, pediatric, adolescent and neonatal beneficiaries and also provides Sick Call services to hospital personnel after hours on weekends/holidays. The department staff provides ambulance transport services and attendance for patients referred/disengaged from/to local and regional MTFs, and back-up ambulance services for on base emergency and disaster response.

(2) The Department Head reports to the DNS and has line authority over nurses, corpsmen, and medical clerks. The DH has a staff relationship with the DMS and the Head, Emergency Medicine.

e. The Multi-service Nursing Department:

(1) The Multi-service Unit. This unit provides inpatient nursing care to a wide variety of medical, surgical, and pediatric patients from infancy to geriatric age. The diagnoses, illnesses and injuries routinely encompass:

(a) Medical

(b) General Surgery

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(c) Orthopedics

(d) Pediatrics

(e) Minor Trauma

(f) Postpartum obstetrics (selected patients)

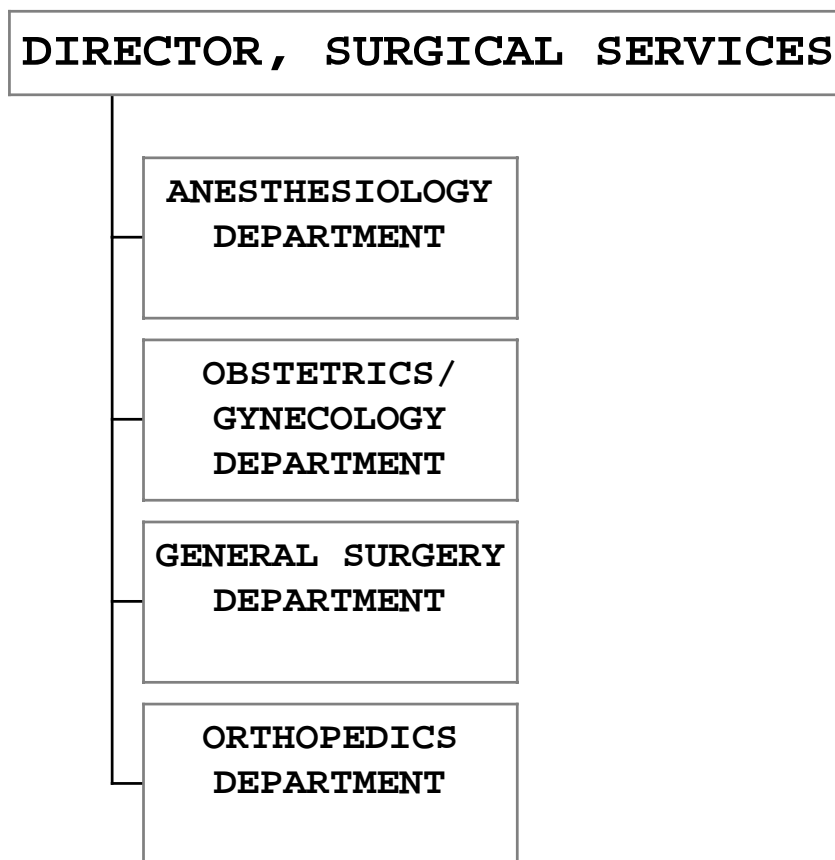
(g) Antepartum obstetrics (selected patients)

Two Close Observation Beds are provided for patients, requiring cardiac monitoring and close physiologic observation, but not requiring the sophistication and level of care appropriate for an Intensive Care Unit or a Coronary Care Unit.

(2) The Department Head reports to the DNS and has line authority over nurses, corpsmen, and ward clerks.

f. Senior Nurse Watch (SNW). A senior Nurse Corps Officer will assume the administrative responsibilities for nursing services, the department heads, and the DNS during the weekend/holiday periods. (S)he will make daily rounds of all nursing areas and be available for 24 hour period(s) through pager system to assist staff and resolve nursing issues. The Senior Nurse Watch Coordinator will provide the schedule watchbill to the chain and members on at least a monthly basis.

DIRECTORATE SURGICAL SERVICES



DIRECTOR, SURGICAL SERVICES (DSS)

1. Responsibility. The Director Surgical Services (DSS) is responsible to the Executive Officer for the coordination and efficient operation of all surgical services provided within the command. See Exhibit F for the organizational structure.

a. The DSS keeps the Executive Officer advised concerning the provisions of surgical services, efficient and effective utilization of personnel and material resources, training requirements for all surgical services personnel, and the implementation of policies, criteria, and standards as they pertain to the provisions of surgical services.

b. The DSS confers with other Directorates on matters of mutual concern.

2. Action

a. The Director Surgical Services shall:

(1) Participate as a voting member of the command's Board of Directors.

(2) Direct, plan, coordinate, implement, and evaluate activities related to the delivery of surgical services within the hospital.

(3) Participate in administrative decisions for formulating hospital policy, devising procedures essential to the achievement of objectives, and developing and evaluating programs and services.

(4) Ensure that the highest standards of professional services are maintained, that every effort is made to keep the quality of health care at the optimum level, and that the standards for the delivery of health care are consistent within the Surgical Directorate.

(5) Participate in and conduct appropriate portions of the Naval Hospital Education Program.

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(6) Initiate, conduct or participate in clinical and/or research studies, as appropriate, for professional growth and development.

(7) Ensure the adequacy, security, maintenance, proper use, economy and accounting of supplies and equipment within the Surgical Directorate.

(8) Participate in the development of an annual budget plan.

(9) Ensure that surgical care services shall meet the same standards of quality that apply to inpatient care and serve on the surgical care committee.

(10) Perform other appropriate functions as directed by higher authority.

(11) Have organizational control and line authority for the following departments:

(a) Anesthesia Department.

(b) General Surgery Department.

(c) Obstetrics and Gynecology Department.

(d) Orthopedics Department.

b. Department Heads shall:

(1) Report to and be directly responsible to the DSS. If a department head is not assigned, a non-physician Clinic Manager may be appointed and be responsible for all administrative activities of the department. In this case, a credentialed physician will be appointed as Senior Medical Officer responsible for all clinical activities of the department.

(2) Conduct and coordinate the business and surgical functions of the command in an efficient and orderly manner and direct surgical operations in accomplishment of management objectives to achieve optimum cost effectiveness.

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(3) Promote efficient and economic operations through innovative management and initiate management improvement projects and functions.

(4) Inform and advise the DSS regarding all surgical operations and collaborate with other administrative and clinical departments to promote efficient patient care.
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(5) Participate in and conduct appropriate portions of the command training programs promoting the continuing education of staff officers, and provide on-the-job training for all personnel assigned to the department.

(6) Ensure the adequacy, security, maintenance, proper use, economy, and accounting of supplies and equipment.

(7) Provide and support equal opportunity for all persons and prohibit discrimination in employment because of race, color, religion, sex or national origin.

(8) Exercise general supervision and control over spaces and supporting facilities of the surgical departments.

(9) Provide a safe working environment for personnel and bring to the Safety Manager's attention occupational or environmental hazards which cannot be corrected at the department level.

(10) Monitor performance indicators in concert with the Director's PI Plan thus ensuring active participation in performance improvement of departmental processes.

(11) Educate staff members of local mandates ensuring compliance with local command instructions and document that compliance is being maintained.

(12) Perform such collateral duties as may be assigned.

3. Responsibilities and duties of the Departments responsible to the DSS.

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a. Anesthesia Department shall provide safe and effective anesthesia for all patients undergoing surgical and obstetrical operations or diagnostic procedures. Make consultative services available in the field of resuscitation, inhalation therapy, induced hypothermia, and drug intoxication. The department is functionally divided into a Clinical Division and a Consultative Division.

(1) Clinical Division shall:

(a) Perform the preoperative evaluation of patients.

(b) Select the anesthetic technique, procedure, and agent to be used.

(c) Order preoperative medication and procedures, as required or indicated.

(d) Administer general, local, intrathecal, and rectal anesthetics, as possible.

(e) Maintain a complete record of each anesthetic administered.

(f) Provide postanesthetic care to patients and make postoperative visits.

(g) Exercise immediate supervision over the Post-Anesthesia Care Unit.

(2) Consultation Division shall:

(a) Evaluate patients for diagnostic and therapeutic nerve blocks and perform these blocks when indicated and desired by patients.

(b) Render consultation for patients suffering from cardiopulmonary disorders, respiratory depression or obstruction.

b. General Surgery Department shall:

(1) Provide for and coordinate inpatient and out-

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patient services relative to the examination, diagnosis, treatment, and appropriate disposition of patients of all age categories requiring surgical care.

(2) Provide preoperative, surgical and post-operative care for patients admitted to the surgical service.

(3) Provide a specialty clinic for diagnostic and surgical care of patients referred to the department and consultation.

c. Obstetrics and Gynecology Department (OB/GYN) shall provide for and coordinate inpatient and outpatient care in the specialties of OB/GYN, including examinations, diagnosis and treatment. The department is functionally divided into an Obstetrics Division and Gynecology Division.

(1) Obstetrics Division provides:

(a) Routine antepartum, intrapartum and post partum care of obstetrical patients.

(b) Referral or collaborative management of high risk OB patients to/with perinatologists or tertiary care centers.

(c) Coordinates and manages all antenatal testing procedures with Labor and delivery staff, Radiology and Laboratory services.

(d) Provides consultative services and 24 hour/day physician back-up and referral for Family Practice Physicians, Certified Nurse-Midwives, Emergency M.D., and GMO physicians in the care of Obstetrical patients.

(e) Patient Education Classes for Obstetrical patients.

(2) Gynecology Department provides outpatient and inpatient care of gynecologic patients. Services include:

(a) Routine GYN health promotion screening, contraceptive and hormone replacement therapy.

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(b) Colposcopy Clinic.

(c) Infertility diagnostic work-up and treatment of referral.

(d) Pregnancy Testing services.

(e) Preconceptual Counseling Clinic.

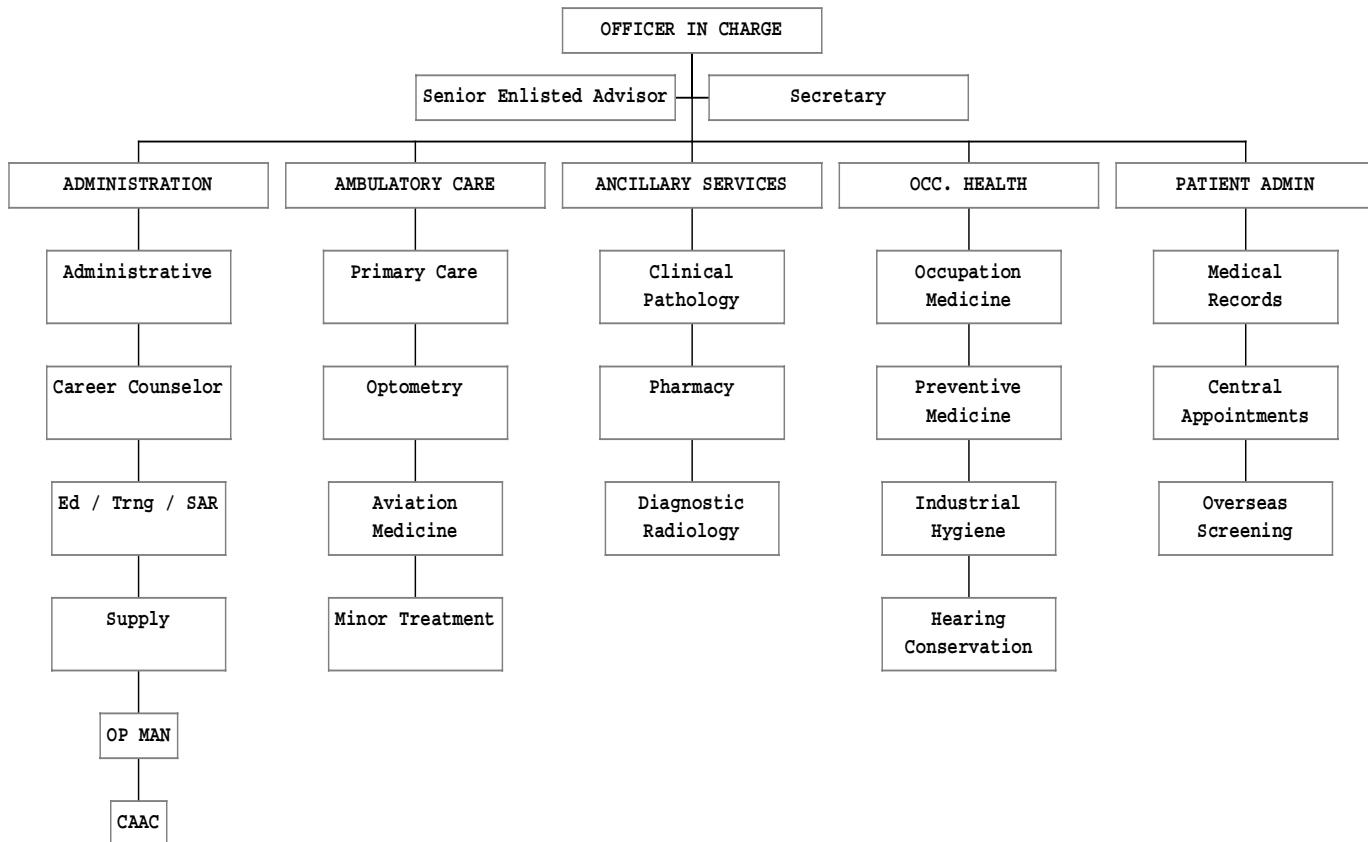
(f) Provides Counseling Clinic hour/day physician back-up and referral for Family Practice physicians, Certified Nurse-Midwives, Emergency M.D., and GMO physicians in the care of gynecologic patients.

d. Orthopedics Department shall:

(1) Provide inpatient and outpatient services relative to the examination, diagnosis, care, treatment, rehabilitation, and appropriate disposition of all patients requiring orthopedic treatment.

(2) Preserve and restore the functions of the skeletal system and its articulated and associated structures.

BRANCH MEDICAL CLINIC CHINA LAKE



BRANCH MEDICAL CLINIC, CHINA LAKE

1. Branch Medical Clinic China Lake. The Branch Medical Clinic, Naval Air Weapons Station (NAWS), China Lake, California is a shore activity in an active operating status under an Officer in Charge and under the command and support of Naval Hospital, Twentynine Palms, California. The Branch Medical Clinic provides ambulatory medical care to the Naval Air Weapons Station, its tenant organizations and other eligible beneficiaries. This includes primary care, Counseling and Assistance Center (CAAC), optometry, aviation medicine, occupational medicine, industrial hygiene, preventive medicine, and decedent affairs support. The Branch Medical Clinic is divided into the following departments: Administrative, Ambulatory Care, Occupational Health, Ancillary services and Patient Administration. The Officer in Charge provides supervision and administrative support and is responsible for the effective and efficient operation of the clinic, and for the professional care and services provided to the patients in the Branch Medical Clinic. See Exhibit G for the organization structure.

2. Administrative Department. Provides administrative support to the Officer in Charge, general administrative tasks and supply/operating services. The department is divided into the following divisions: Administrative, Career Counseling, Management Information Department, Education and Training/SAR, Supply, Operating Management (OPMAN), and CAAC.

a. Administrative. Handles leave, TAD, message processing and serves as liaison with Personnel Support Detachment onboard NAWS China Lake.

b. Career Counseling. Provides career guidance in assisting enlisted personnel in planning their careers in areas of schools, special programs and duty assignments.

c. MID. Oversees all Automated Information Systems (AIS) functions, coordinating the implementation of all new AIS and new software program deployments.

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d. Education and Training/SAR. Provides and coordinates the orientation, inservice education and continuing education of all categories of non-physician personnel (military and civilian). The division coordinates and provides support for all educational activities.

e. Supply. Plans, administers, directs and controls the supply programs for the clinic. The division provides for procurement, receipt, storage, issue, inventory control and security of all material under its custody; administers supply procedures and prepares reports as directed by Naval Hospital Twentynine Palms Supply Department.

f. Operating Management. Provides a wide variety of administrative functions and management support services essential for clinical operations. Primary responsibilities are the proper upkeep and maintenance of buildings, grounds, utilities and vehicles.

g. CAAC. Provides screening, recommendations and outpatient counseling for individuals with drug and alcohol problems. Assists in the area of aftercare support, counseling, educational presentations, referrals and crisis intervention.

3. Ambulatory Care Department. Coordinates health care delivery related to the examination, diagnosis treatment and disposition of patients. The department is divided into four divisions; Primary Care, Optometry, Aviation Medicine/Physical Exams and Minor Treatment.

a. Primary Care. Provides primary health care to beneficiaries for acute chronic medical conditions. Administers and provides immunizations to eligible beneficiaries.

b. Optometry. provides optometry services, including issuance of eyewear, to eligible beneficiaries.

c. Aviation Medicine/Physical Exams. Provides physical exams to active duty personnel.

d. Minor Treatment. Maintains the clinic's ambulances, provides EKGs, supports minor surgical and medical treatment procedures and performs CSR functions.

4. Ancillary Services Department. Provides diagnostic and pharmaceutical support to the clinic. The department is divided into Clinical Pathology, Pharmacy and Diagnostic Radiology Divisions.

a. Clinical Pathology. Provides diagnostic laboratory services to assist clinic providers to diagnose and treat patients.

b. Pharmacy. Provides pharmaceutical support to all eligible beneficiaries.

c. Diagnostic Radiology. Performs basic diagnostic radiographic examinations and maintains a terminal digit filing system for diagnostic x-rays.

5. Occupational Health Department. Provides occupational health and preventive medicine services to NAWC/NAW Stations and tenant commands assigned to China Lake. The department is divided into four divisions, Occupational Medicine Preventive Medicine, Industrial Hygiene and Hearing Conservation.

a. Occupational Medicine. Directs and operates a comprehensive occupational health program, including operational health education and training programs, health surveillance and certification examinations and medical care (within medical and technical expertise boundaries) for occupational diseases and injuries.

b. Preventive Medicine. Conducts vector control surveillance, potable and waste water surveillance; food service sanitation inspections; environmental and habitability inspections; animal bite and scratch investigation; and maintains liaison with the Military Veterinarian Activity, civilian and higher echelon public health agencies. In addition, it performs epidemiological investigations and communicable disease control programs. The division provides comprehensive counseling and internal/external training in all aspects of preventive medicine.

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c. Industrial Hygiene. Provides services including monitoring workplace environments, making medical surveillance recommendations; investigating job-related illnesses or injuries; performing analyses of air and water contaminants and potentially toxic proprietary products; in addition, it conducts industrial hygiene education and training programs.

d. Hearing Conservation. Provides periodic hearing tests to ensure the early detection of threshold shifts and the appropriate protective action before permanent hearing loss occurs. Initiates follow-up evaluations and, as necessary, referral, treatment and early return to duty.

6. Patient Administration Department

a. Medical Record. Maintains the health records of all eligible beneficiaries. Provides annual medical record review to update service member's medical readiness.

b. Central Appointments. Schedules medical appointments for all eligible beneficiaries with the appropriate health care providers.

c. Overseas Screening. Provides medical administrative review and coordinates medical evaluation during suitability processing for deployable/fleet unit and overseas assignment of active duty and family members.

LIST OF DIAGNOSIS RELATED GROUPS (DRGS)
EXCLUDED FROM PROVISION OF CARE

1. The Assistant Secretary of Defense Health Affairs (ASD HA) has set the policy to concentrate specialized care for treating certain complex illnesses at Military Treatment Facilities (MTFs) that have been designated Specialized Treatment Services (STSs) Facilities. Only those MTFs that have designation as STSs for the specific care involved under the following DRGs shall initiate such care except under emergency conditions or medically necessary continuation of unanticipated care. If emergency care is initiated in a non-STS Facility under one of these DRGs and leads to an unexpected need to continue care, the best interest of the patient as assessed by the clinical staff shall determine whether the patient is retained or transferred to a designated STS Facility or civilian center.

2. Naval Hospital Twentynine Palms is not designated as an STS Facility for any of the following DRGs. Therefore, our scope of practice excludes the provisions of care for these DRGs except under the conditions listed in paragraph 1.

<u>DRG</u>	<u>Designated STS Care</u>
1	Craniotomy, age greater than 17, except for trauma
3	Craniotomy, age 0 to 17
4	Spinal procedures
49	Major head and neck procedures
104	Cardiac valve procedure with cardiac catheterization
105	Cardiac valve procedure without cardiac catheterization
106	Coronary bypass with cardiac catheterization
107	Coronary bypass without cardiac catheterization
110	Major cardiovascular procedures with comorbidity/complications
111	Major cardiovascular procedures without comorbidity/complications
191	Pancreas, liver and shunt procedures with comorbidity/complications
209	Major joint and limb reattachment procedures of lower extremity
286	Adrenal and pituitary procedures
302	Kidney transplants

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DRG

Designated STS Care

357	Uterine and adnexa procedures for ovarian or adnexal malignancy
457	Extensive burns without operating room procedure
472	Extensive burns with operating room procedure
480	Liver transplant
481	Bone marrow transplant
491	Major joint and limb reattachment procedures of upper extremity